Health, Discipline, and Virtue:
Drug Treatment Court and the path to Ethical Self-Formation

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Abstract:

This research examines Drug Treatment Courts (DTCs) through the lens of virtue ethics to demonstrate the ways in which addiction treatment has incorporated social norms, moral prescriptions, and standards of self-governance into its scope for the long term goal of fostering an autonomous "ethical citizen".

Using the writings of Aristotle and Foucault, as well as contemporary analyses and criticisms of legally mandated forms of therapeutic intervention, this research demonstrates therapy's dual role as both an apparatus for the dissemination of civic knowledge, and a powerful means of social governance. DTCs incorporate both of these roles, teaching ethical re-construction backed up by the threat of punishment.

Recovery is achieved though substance abstinence, and submission to both therapeutic knowledge and legal authority. To recover, clients must present the "ethical self". They must demonstrate their willingness/ability to rejoin society as a functional, healthy citizen, guided by therapeutically defined precepts of self care.

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Introduction: DTCs and Clients

Addiction to drugs and alcohol is widely associated with criminality and other forms of social deviance. This simple association has generated widespread sentiment that, if certain psychoactive substances were legally regulated, drug-related or 'addiction-driven' crime would lower accordingly. Of course, the drug/crime nexus is not nearly so simple. The "War on Drugs" has proven to be devastatingly expensive and misguided (Gray, 2001), prompting political and judicial authorities to search for another way to address criminal substance use. In 1989, Drug Treatment Courts (DTCs) were developed to divert non-violent drug offenders away from jail and into court monitored treatment with the intention of reducing drug-related crime. The general method of Drug Treatment Court would be based on cooperation between the court, local treatment agencies, community, and offender (re-named the DTC "client") to reduce substance use and associated recidivism (Butzin et al., 2002).

The first Drug Treatment Court was established in Florida's Dade County in 1989 in response to the backlog of court cases for drug possession and trafficking. The idea that reduced rates of addiction would lead to reductions in overall crime fostered enthusiasm for the program, leading to rapid expansion. By 2001, the United States had 700 operational DTCs and 400 more in the planning stages (Harrison & Scarpitti, 2002). Numerous evaluations of the program have sustained this expansion by describing DTCs as both cost-effective and a more humane alternative to jail (Fischer, 2003; Harrison & Scarpitti, 2002; Nolan, 2001).

DTCs are characterized by certain core elements: "a non-adversarial courtroom structure, team (treatment and courtroom personnel) decision making, use of sanctions

and incentives, judicial monitoring and direct interrelation with the offender, long-term treatment, and the rehabilitative model" – all of which represent considerable departures from traditional court proceedings (Belenko, 2002: 1638). In addition, some advocates claim that Drug Treatment Courts are also distinguished by other outcome measures, including improvements in life functioning, skills, and overall health (Goldkamp et al., 2001; Gray, 2001). To make up its clientele, DTCs look for non-violent offenders with identified substance abuse patterns, who seem motivated and amenable to change (Moore, 2007).

These practices are united under the therapeutic ethos, which now occupies a substantial role in the realm of social regulation. The moral imperatives that sustained drug regulation in preceding decades remain; though they are obscured by a therapeutic vernacular that informs both treatment and sanctions. In using a treatment method that is predominantly informed by strategies of self-governance, Drug Treatment Court presents us with a different understanding of the addict (Moore, 2007). The addict is not sick or immoral, but a failure at the level of citizenship; the level of social life that we are expected to aspire towards. In a culture characterized by neo-liberal governance rationalities, they have made the wrong choices in a society that celebrates choice making.

This thesis assesses the treatment and recovery of DTC clients in terms of ethical development. Using the writings of Aristotle and Michel Foucault, I show that in addition to addiction treatment, fostering ethical development in identified addicts prepares the DTC client for increased social involvement and autonomy. In locating the objects of therapy in a broader social context, I show that the enterprise of therapeutic

intervention exists for both instruction in civic knowledge, and the governance of abnormal individuals.

Given these two roles of therapy (civics and governance), the recovering DTC client must demonstrate that they have absorbed the civic lessons of therapy, and are therefore capable of functioning as a self-governing agent. This is done by presenting the "ethical self" to DTC authorities. Here the recovering addict shows that they are able to manage themselves in relation to a series of contexts, including social norms, legal authority, and therapeutically defined conceptions of health.

After incorporating a new ethical framework that is informed by virtue ethics, the DTC client shows that they are able to care for themselves. Ultimately and ideally, this form of treatment gives its clients the tools and knowledge necessary to pursue Aristotle's conception of a eudaimonic life.

To better understand the social implications of court-supervised therapy, this research will analyze DTCs through the lens of Aristotelian virtue ethics. These ethics include: the importance of functionality in terms of social contribution, the role of friendships in ethical development, and the necessity of prudence and temperance in self-governance and self-care. All of these qualities are necessary for the flourishing social life that both law and therapy are intended to promote. Virtue ethics are to some extent inseparable from citizenship, since these ethics greatly inform the type of behavior that permit us to live our daily lives without running afoul of social regulatory authorities. I argue that Drug Treatment Courts function as a learning environment focused on the dissemination of virtue ethics and practices of self-care, with the long-term goal of fostering a certain type of citizen. Through therapeutic initiatives and ethical instruction,

Drug Treatment Courts lead clients to shared social values and norms, and a form of subjectivity characterized by rational self-government in a process that I refer to as the development of ethical citizenship.

Ethical Citizenship

I postulate that ethical citizenship is to the social realm what the "reasonable person" is to the judicial realm. Citizenship imposes rights and obligations, denoting a "kind of basic human equality associated with the concept of full membership in a community" (Marshall, 1949; Rose, 1997: 122). Citizenship denotes an "active" state of being and as such, it is best understood in terms of substantive social contribution, rather than a mere formal designation. Citizenship is demonstrable through allegiance to dominant political and social interests, and is exercised through choice making that is commensurate with the dominant social morality. Since social morality is primarily reflected in the law, obeying the law and keeping the peace is a major component of citizenship.

Aristotle argues that the law exists primarily for the purposes of training citizens in virtue. On the Aristotelian account, people who align their behavior and interests with the state and its law will forge a certain qualities, specifically; "virtue and the readiness to do fine deeds" (1099b21-1100a9: 81). For Aristotle, the law is intended to incline us to behave as the virtuous person would behave by nature. Continuing with this interpretation of law, we may view all legal regulation as a form of moral regulation, since it involves "the suppression of other ways of being, while encouraging certain modes of being" (Hunt, 1993: 314).

The ethical citizen is employed; a suitable caregiver for dependents, subservient to various forms of social authority, and contributes to social life. This is an identity characterized by ordinary rights and responsibilities that are exercised with prudence. The ethical citizen cares about the self, as well as others.

Therapeutic Jurisprudence

Therapy has a complex relationship with both jurisprudence and ethical thought. The multiple points of intersection between law, ethics, and therapy have generated a great deal of academic and judicial interest. As such, attention to therapeutic jurisprudence has been influential in modern assessments of "problem-solving courts" such as DTCs.

Described as "the study of the role of law as a therapeutic agent", therapeutic jurisprudence (TJ) is focused on the law's impact on the emotional life and psychological well being of the people it affects (Wexler, 1997: 233). In recent years, DTCs and TJ have become a fertile ground for academic research in the areas of criminology, sociology of law, psychology, and epidemiology. This may be due to the fact that many scholars and members of the judiciary are excited about the prospect of the law becoming an "instrument of healing" (Winick et al., 1999: 799). This is not a new phenomenon, however. In Canada, problem solving courts for personal transformation can be traced back to the early twentieth century. Modern developments of these courts are characterized by the incorporation of psy-knowledges (Moore, 2007; Rose, 1996).

The role of the Judge within the Drug Treatment Court may serve as one of the most striking examples of therapeutic jurisprudence in action. Within the DTC

framework, judges assume a protective parental role (Nolan, 1998; Nolan, 2001; Wexler, 2001; Gray, 2001; Inciardi et al., 1996). This role is often characterized by greater personal interest and involvement in the lives of the clients (Nolan, 2001; Hora, et al., 1999). The role of therapy in law will be a constant consideration throughout this research since I argue that what is "therapeutic" is grounded in the modes of thought and behavior that represent the social norms and virtue ethics relevant to ethical citizenship.

For the purposes of this inquiry, the terms "Therapy" and "Therapeutic" must be articulated. Wexler has stated that the concept ("therapeutic") is better off without a "tight definition", permitting scholars to "roam within the intuitive and common sense contours of the subject" (1995: 221). Specifically, Wexler is concerned that a restrictive definition might cause the concept to be ignored by the research community, or might "eclipse" issues relevant to it (Ibid.).

However, we can make the therapeutic concept more concrete, without constructing it so narrowly that it becomes easily subjected to research omission or exclusivity. Robinson provides valuable insight into the notion of therapy by emphasizing its dual role as a theory about "the right form of life", as well as being grounded in civics, since it "anticipates the client's effects on others" (1997: 675-6). As Foucault shows, psychological disorders are contextually defined, so notions of the "therapeutic" and applications of therapy will likewise be reflective of the socio-economic and political climate (1989). Therefore, for the purposes of this research, what is "Therapy" and "Therapeutic" is grounded in the modes of thinking and behavior that are objectively conducive to intrapersonal and social functionality in our society.

Relation to other DTC Research

Drug Treatment Courts are learning environments where the precepts of "ethical citizenship" are taught, monitored, and enforced. Much of the literature on Drug Treatment Courts casts it in a favorable light, on the basis of its therapeutic approach and cost-effectiveness (Hora, 2002; Goldkamp et al., 2001; Nolan, 2001; Casey & Rottman, 2000; Chase & Hora, 2000; Hora, Schema & Rosenthal, 1999). Conversely, there is a body of scholarship that is wary of Drug Treatment Courts, and their potential for coercive and punitive applications (Moore, 2007; Miller, 2004; Boyd, 2004; Fischer, 2003).

Moore's research on North American Drug Treatment Courts has been highly influential on this research, and has provided much of the information relating to the substantive functioning and procedure of DTCs. More specifically, her empirical research on addiction control, its effects on offenders (particularly DTC clients and probationers), and the enduring problematization of "the criminal addict" (Moore, 2007) will undoubtedly influence future critical appraisals of both Canadian drug law and policy, and more generally, the troublesome effects of law's increasing reliance on psy-epistemologies.

This research will critically examine DTCs as a learning environment where individual and social ethics are disseminated and enforced through disciplinary sanctions. This thesis is not making any claims about the "truth" of addiction, but is concerned with how the discovery of addiction mobilizes certain interventions. Furthermore, this thesis is not concerned with the physiological effects of addiction. Rather, this research is concerned with addiction treatment in the DTC, and the perceptions of abnormality and

deviance that inform our legal response to substance use. Aristotelian theory is particularly useful in demonstrating how social functionality, self-knowledge, friendship, and moral virtue inform the DTC program in order to encourage productive and self-sufficient citizens.

Although the DTC program may sound positive initially, it is vitally important to remember that the merits of such a program cannot be justified by their teleological aims. Rather, they must be analyzed on the basis of their operation and the means used to achieve such aims. It is in the DTC program that clients face the greatest potential for injustice and oppression. Here, they work to incorporate an ethical framework that is very likely separate from their own, while simultaneously trying to overcome their substance use under the watchful eyes of the court, police, and treatment agencies.

Rationale and Location of this Research

It is my hope that this research will constitute a modest contribution to the relevant discourses on modes of governance arising out of intersections between law, ethics, and psy knowledges. While the main focus of this research is concerned with the relationship between therapeutic modes of governance and social ethics, this research will also contribute to broader socio-legal narratives regarding the decline of welfarism and rise of crime-control modes of governance (Garland, 2001; Simon, 1993; O'Malley, 1999). Garland is highly influential in this regard, arguing that penal-welfarism was "structured in a self-limiting, self-defeating way" by reflecting an instable political and cultural climate that would "reject welfarism soon after adopting it" (Garland, 2001: 40).

Following Moore's critical analyses of the shifting political rationalities which continually re-interpret and problematize drug users, as well as the therapeutic and punitive measures used to govern them (2007), I draw on much of her research on North American DTCs in an effort to demonstrate drug court's unique combination of ethical instruction and punishment. Much of Moore's research and empirical observations have provided information which has permitted me to make connections between Aristotle's ethical treatises and Foucault's analysis of both psychiatric conceptions of "normalcy", and technologies of the self in Greek antiquity. Here, I aim to show how ethical considerations relative to crime control and social order have come occupy an important place in both therapeutic initiatives and conceptions of citizenship. There is a civic expectation that we govern ourselves according to tenets of responsible choice-making, especially in the face of risks and the harms that they can generate. O'Malley states that all drugs (alcohol, tobacco, illegal and pharmaceutical drugs) have been collapsed into a single risk category of "drugs" that we must govern ourselves in relation to (1999). Drug Treatment Courts confirm this, and show that this ethical prescription applies even to the "drug-dependent" subject.

The apparent decline of welfarism and increasing reliance on methods of crime control has accompanied shifting social, legal, and psychiatric expectations of self-mastery. Alongside the rise of the "therapeutic state" (Nolan, 1998 & 2001; Szasz, 2001), socially deviant behavior is increasingly being interpreted pathologically, while therapeutic initiatives are deployed to reconfigure the ethics of the clients assigned to them. I hope to contribute to these discussions by showing that welfarism is not completely dormant, since DTCs draw on both welfarist and neo-liberal rationalities in

their approach. In doing so, they practice welfarist intervention that incorporates neo-liberal governance strategies for the long-term goal of developing "responsible" or "ethical" selves.

DTCs can therefore be understood as a hybrid technology of governance, since it functions on the basis of welfarist philosophy and methods for the purposes of creating autonomous citizens, capable of exercising independence and rationality for neo-liberal ends. These include the choices relevant to lifestyle, occupation and identity (Valverde, 1996). Valverde has argued that conflicting modes of governance is "a feature of governance generally" (1996: 357). Since neo-liberal aims are observable in this welfarist form of intervention, the apparent rift between these two governance strategies begins to narrow as one complements the other. The reason for this particular hybridity may be due to the wide-ranging and disparate interpretations of the addict, who is able to shift between two identities: the "pathological welfare subject", and the "choice-making, neo-liberal subject" (Moore, 2007: 48).

The modern addict is treated as a neo-liberal choice-making subject (Moore, 2007: 31) that is unable to shake off the stigma of disease (Levy, 2006). By viewing DTC clients as amenable to a form of therapeutic intervention that is rooted in habit formation and thinking strategies, the function of DTCs are at once welfarist in their application, with the long-term goal of neo-liberal self-rule. I hope that this research will yield insights into the relationship between law and therapy, as well as the relationship between psy-knowledges and virtue ethics. In so doing, this research will attempt to open a dialogue between Aristotelian virtue theory and Foucaultian discussions on governance and practices of self-care, using DTCs as a reference point.

To better illustrate how these institutions and rationalities affect each other, I explore five major elements that, in my view, greatly inform the development of ethical selves in DTCs. Through analysis of the relevant literature, and DTC courtroom observations (including those of other researchers, as well as myself) I will focus on: expectations for citizenship; citizen education in moral virtue; the dual functions of therapy, which include "therapy as civics" and "therapy as governance"; and finally, presentation of the "ethical self" for treatment success. Throughout these discussions, Aristotelian ethical theory will be a constant consideration, as well Foucaultian discussions on the ethics of self-care, and contemporary criticisms of therapeutic initiatives. The ethical model of citizenship/subjectivity put forth by DTCs socializes the client into an identity that is responsive to a relationship with oneself, and the social world.

Governance through Health and Ethics

Reaching "ethical selfhood" or "ethical citizenship" requires the use of techniques that are both therapeutic and disciplinary in their function. As my analysis of DTCs and ethical citizenship will show, "breaking the cycle of addiction" is only *one* of Drug Treatment Court's functions. Through this research, I will show that Drug Treatment Court advocates a mode of living; a type of citizen identity whose behavior is guided by ethical precepts that are tacitly (and in some instances overtly) considered appropriate for social beings such as ourselves. In chapter one, I analyze the importance of choice making as a criterion of citizenship, with special focus on substance use and forms of social contribution. This will illustrate the importance of "right" or "moral" choice

making as a reflection of citizenship. In chapter two, I analyze Drug Treatment Court through the lens of Aristotelian virtue ethics, to show how DTCs are fundamentally concerned with the ethical reconstruction of its clients. Chapters three and four locate the guiding notion of "therapy" in a broader social context to demonstrate the two sides of the therapeutic coin: Instruction in civic knowledge, and the governance of identified abnormals. Chapter five demonstrates how the process of ethical normalization of the DTC client is completed in the client's presentation of the ethical self. This new self is ideally free of addictive behaviour, reconnected to healthy social relationships, and prepared for a life marked by forms of social contribution, health, and self-care.

Guided by the shifting and intangible idea of "health", and its apparently irrefutable role in modern social governance, DTCs are an important example of the ways in which therapeutic intervention imposes ethical reconstruction on its clients for the long-term goal of normalizing socially deviant behaviour and self-presentation.

Chapter I: Substance Use, Choice-Making, and Implications for Citizenship

"Citizenship" is an ambiguous concept. Complications with its interpretation arise out of the differing ideas on citizenship across disciplines such as sociology, political science, philosophy, jurisprudence, and economics. Matters become more daunting when one is faced with the choice of locating the concept within a "thick" conception of "citizenship-as-activity" or a "thin" conception of "citizenship-as-legal status" (Kymlicka & Norman, 1995: 354). The T.H. Marshall lectures at Cambridge in 1949 have been tremendously influential in generating debate on the subject of citizenship, which denotes "a kind of basic human equality associated with the concept of full membership in a community" (1949). This membership is exercised through forms of choice-making that are commensurate with both dominant social morality and the formal law. Marshall further postulates that "citizenship imposes obligations as well as rights; obligations both on the community, and on the individuals that made it up" (1949). These obligations may include support and care of dependants, payment of taxes, or fulfillment of jury duty.

Choice making is an essential consideration since citizens shape their lives through choice making. The most important choices include those that impact familial relations, labour, lifestyle, and the expression of one's personality. Government influences these choices by "acting at a distance". Ideally, government aligns the choices of citizens with political values such as consumption (of goods and services), social efficiency, and public health (Rose, 1997: 10). The alignment of governmental interests with dominant individual interests is an effective strategy of governance.

Owing to these aligned interests, modern citizenship can be seen as the relation between the individual and public sphere. Here, the multiple sites of interaction between the individual and the state dictate one's standing as a citizen. The citizen is characterized by their rights to social protection and education in exchange for their duties of social obligation and social responsibility (Rose, 1995). The narrow, formal understanding of "citizen-as-a-legal subject" is insufficient for understanding the "citizen". Citizenship is a status that is characterized by the socially approved activity and behavior that is reflected in the formal law.

Citizenship is far more rooted in socially learned dispositions than we realize. Montesquieu pointed out that all varieties of government settle into one of three broad categories: Tyrannies, Monarchies, and Republics. Each of these governments calls for a certain disposition in its citizens. Those who live under monarchial rule must be educated in honour; those who live under tyranny must be educated in fear; and "those who live in republics must be educated in virtue" (Robinson, 1999: 2). Aristotle holds that the central function of law is to formalize and encourage ethical conduct in accordance with virtue. Here, the law's essential aim is to encourage citizens to behave in such a way that a virtuous person would behave habitually (103b1-25: 92). Citizenship is a learned disposition, and there is a central ethical component that animates the notion of republican citizenship. Ethical citizenship is citizenship in its most ideal state or application. It is a style of life characterized by care of oneself and others, and the fulfillment of social obligations that accompany full membership in the community.

Caring for oneself and others necessitates both self-mastery and positive relations with others. These practices of the self have a great impact on the way that persons are

recognized as citizens (White & Hunt, 2000). Positive social relations can only be generated through activity. As Rose points out, "citizenship is to be active and individualistic rather than passive and dependent" (1996: 165). Ethical citizenship is realized through the "right" forms of decision-making. The rights and duties associated with citizenship constitute only half of citizenship's meaning. Understanding the relational elements of citizenship that are observable in social contribution is important, because it illustrates the extent to which citizenship involves substantial participatory activity (White & Hunt, 2000).

Ethical citizenship represents a high degree of cooperation between state and citizen. To briefly summarize this relationship: the state provides security and prosperity by giving its citizens real possibilities for realizing a flourishing form of life. In exchange, the individual contributes their efforts and virtue to sustain a "just and ordered community" (Robinson, 1989: 127). Ethical citizenship involves more than the mere formal practices of citizenship observable in activities like voting and paying one's taxes on time. It is a style of life that is guided by virtue ethics, where persons act in the interest of what is best for others, as well as themselves. Participation in healthy or 'normal' social life is an integral component of this mode of being. The function of Drug Treatment Courts is to restore its clients to this mode of being, or, get them there for the first time.

Ethics and the Individual

To make the transition from social deviance to ethical citizenship, one's personality must be amenable to change. For clients in DTCs, the key to this form of

self-transformation lies in the cultivation of right habits. This feature is not new or unique to DTCs, however. The ninetieth century greatly emphasized a model of character formation that required citizens to practice "self-control, perseverance, honesty, loyalty, bravery, diligence, and manners" (White & Hunt, 2000: 102-3). Adopting the Aristotelian view that people are creatures of habit, such programs were focused on instilling good habits and eliminating bad ones (Burnham, 1993: 7; White & Hunt, 2000).

Other examples can be seen in early twentieth century Canadian specialty courts aimed at the behavior of women and young girls, as well as American courts focused on juvenile delinquency and vagrancy. These early examples of "problem solving courts" blended the force of law with therapeutic aims to facilitate personal transformation (Moore, 2007: 86). The model for DTCs is evident in these historical social and judicial programs, which are themselves rooted in self-governance imperatives that stretch at least as far back as Greek antiquity.

Rose shows that the construction of a citizenry attached to a regime of self governance has consistently been given a central role within the art and objectives of governance. Often, he argues, the promotion of ethical culture has "valourized frugality, labour, obedience, and humility" (Rose, 1996: 97-98). Ethical imperatives of this kind may seem to serve the purpose of guiding the populace to subservience and docility. However, as Cruikshank observes, self-esteem is an important technology of citizenship as well. Citizens must first be capable of caring *about* themselves before they can care *for* themselves. Citizens must care enough to act upon themselves so that police, doctors, and other forms of social authority do not have to. Self-esteem is important for citizenship because "being a responsible citizen depends on developing personal and

social responsibility" (Cruikshank, 1995: 234). The individual factors associated with ethical citizenship are a function of the person's ability to cultivate and practice the right kinds of habits. These habits must accompany a certain disposition, specifically, a form of self-esteem that makes self governance desirable (Cruikshank, 1999 & 1995).

Outside of the DTC, treatment officials play a central role in encouraging the development of the client's "ethic of care" (Nolan, 2001 & 1998). In handling the daily treatment they administer urine tests, as well as individual and group therapy sessions. Furthermore, they help clients with GED testing and job placement (Nolan, 1998: 86). By encouraging the development of virtue through an "ethic of care", treatment officials guide clients to "individual self-determination" and "victory" over addiction. This is the stated function of the DTC (Fischer, 2003: 235). Ethical regimes aimed at the alteration of an individual's character are not a new phenomenon. Rather, ethical regimes of the past have been re-conceptualized and re-applied in more specific treatment settings. DTCs are a development of this technology of governance.

"Stakeholder Values" and Ethical Citizenship

In addition to the individual factors associated with ethical citizenship, there are several social factors that must be addressed. Research on injection drug use in Canada shows that: "A number of longitudinal studies have shown that drug use and criminality are [also] related to a similar set of sociodemographic and personality variables, e.g., poverty, poor future career or income prospects, and a low investment in social values." (La Prairie et al., 2002: 1531).

The most successful clients in DTCs are often in possession of social "stakeholder values". These are understood to be society's most stabilizing elements; the most important of these include education and work. Research shows that DTC clients with education or employment are more likely to be successful in treatment (Butzin et al., 2002; Harrison & Scarpitti, 2002). In addition to education and employment, other positively correlated attributes include ethnicity (being white), marriage, and lesser frequency of drug use (Harrison & Scarpitti, 2002). Due to the influence of employment and education, DTCs spend a great deal of time emphasizing the importance of becoming drug-free while concurrently developing vocational and education skills prior to the client's re-entry into the community (Turner et al, 2002).

Aside from the "whiteness" variable's implications for systemic racism, variables associated with success in DTCs clearly favour personal attributes that bind the individual to active community participation. Education, employment, and family ties are factors associated with both DTC success, and active civic life. On these terms, ethical citizenship becomes a useful concept for theorizing on the tacit social expectations that are placed upon us by virtue of our membership in the community.

Escapism and Excess

Why is excessive drug or alcohol use incompatible with the model of citizenship present in DTCs? I offer two reasons for this. The first is that "addiction" is a re-interpretation of the "excessive". Social aversion to excessive behavior and consumption has been an important component of self governance since ancient Greece. We have largely retained this attitude towards the excess, most notably in the areas of drugs and

alcohol, eating, sexual relations, laziness, etc. (Valverde, 1998). The second reason is that excessive drug and alcohol use implies a form of social escapism that constitutes rejection of social norms and civic participation.

Moderate behavior is a salient and enduring model for self-governance. This is rooted in the "aesthetic proportions of conduct" in Greek antiquity. Modes of excessive behavior (*hubris*) were present in the behavior of persons whose conduct lacked "harmony and balance" (Valverde, 1998: 25). Aristotle gives a great deal of attention to moderation in his *Nicomachean Ethics*, advocating the "mean" of behavior that lies between extreme excess and extreme deficiency (1104a11-32: 94). This may account for the reason why "successful" recreational drug users are able to avoid governmental intrusion, since their drug or alcohol use is not so apparent.

Aristotle would consider persons "addicts" if they: "enjoyed what they shouldn't; enjoyed it more that most people; or enjoyed it the wrong way." Aristotle believed that people who lacked moderation behaved as animals, failing in human function by virtue of their weakness for bodily pleasure (Hughes, 2001: 59-60). The image of addiction or "excess" can conjure images of the archetypal drug fiend, desperate for their next fix. The deprivation of rationality that is often associated with addiction provides a simple explanation for instances of violent crime and other forms of social deviance.

Forms of social escapism are equally problematic. As I have observed earlier, citizenship is largely a function of civic participation. Logically it follows that drug escapism cannot be reconciled with this tenet of citizenship. In fact, the perception of drug use-as-escapism is used to promote the need for DTCs. In promotional material for the Toronto DTC, a judge remarked:

> They [drug users] feel they're not connected to society... Drugs are a release, an escape from their drudgery, from living in one-room tenements or living on the sidewalk. For these people the only way to get them out of drugs is to remove them from that milieu, the lifestyle, the people they associate with. (Moore, 2007: 63).

The anti-escapism argument is dependent on the idea that using drugs to transcend the humdrum of daily life is something rather pathetic. To opponents of drug "escapism", nothing needs to be escaped from. Through excessive behaviour, and practices of self-exclusion or escapism, we can observe the incompatibility of excessive drug/alcohol use with ethical citizenship, since these effectively bar the user from full participatory standing in social life.

"Pro-social Development"

DTCs draw on an ethical ideal by assessing client recovery in relation to abstract terms such as "pro-social development" and "stakeholder values". It is the responsibility of the judge and court to monitor and encourage participants in relation to drug disuse, lawful behavior, and "pro-social" development (Beaman, 2007: 7). A client can only reach "recovery" when they subscribe to a lifestyle of non-use. In addition, achieving recovery also involves "managing one's life in a variety of roles, responsibilities, contexts, and systems" (Taxman & Bouffard, 2002: 1667-8). As I have mentioned, the strongest predictors of treatment success are the client's possession of "stakeholder" values/variables, which include employment, education, family ties, and frequency of drug use (Butzin et al., 2002: 1615). Through these values, we can assemble a clearer picture of the type of qualities that the ethical citizen is expected to possess.

Although DTCs tend to favour discourses of "recovery" and "rehabilitation", we can observe an explicit example of the ethical ideal as one DTC judge tells their court: "I want you all to become NORPs" (Normal, Organized, Responsible People) (Nolan, 2001: 6). Although this is clearly different from the term "ethical citizenship", the implications of 'NORP-hood' has much in common with those of "ethical citizenship". Moreover, the terms: 'normal', 'organized', and 'responsible' can all be analyzed through the lens of abstract ethical ideal types.

Ethical Ideals and Social Norms

Although terms such as 'normal', 'organized', and 'responsible' are subjective; we use them on an almost daily basis as though they were objective. Ideal types are used every day to make sense of, and describe the world. Designations like "normalcy" are commonly used with relative confidence by social authorities, so ideal types such as these can teach us a great deal about how we think about social norms.

There is a strong and seemingly indivisible relationship between ideal types and social norms. Norms are distinct from rules, which are external and imposed upon that which is governed. Unlike rules, norms "emerge out of the very nature of that which is governed" (Rose & Valverde, 1998: 544). Social norms theory suggests that drug offenders are rational, and therefore susceptible to formal and informal pressure to incorporate norms promoting law-abiding behavior (Miller, 2004).

DTCs are not solely concerned with the elimination of drug-use and promotion of law-abiding behavior. The so-called "positive lifestyle change" reaches beyond substance use to include ethical considerations relevant to health, civic development, lifestyle

improvement, employment, and proper parenting – all of which are thought to improve the lives of clients and eliminate the need for drugs or crime (Fischer, 2003: 236-7; Goldkamp, 2000: 950). Social norms inform the ethical ideals promoted in DTCs, and are evident in the graduation criteria.

Among the numerous considerations relevant to treatment success, an individual becomes eligible for DTC graduation with they have sustained regular attendance to court (demonstrating reliability and punctuality), appropriate progress in treatment (drug abstinence, perseverance, and cooperation), and "positive" lifestyle change (evident in the client's attitude, social activities/contacts, appearance and presentation of self) (La Prairie et al., 2002).

To close this section, I would like to briefly outline some of the criteria for ejection and graduation in the Ottawa DTC to illustrate the enforcement of ethical ideals/citizenship. Among the criteria for ejection are: "sexist, homophobic, racist or other overt discriminatory or harassing behavior toward other clients or staff" (Beaman, 2007: 9). This example of ejection criteria seems to have far more to do with viewing the client as a likeable person, rather than a recovering drug addict. Among the criteria for graduation are: "obtained employment or returned to school; is living a drug-free lifestyle abandoning the people and places associated with drug taking; is maintaining safe and stable housing; and in most cases, and not re-offended in while in the program" (Beaman, 2007: 10).

The conforming agent, however, does not need to adopt the beliefs of their peers or authorities; they only need to behave in a way that conforms to informal social norms, and incorporate these precepts into their modes of self presentation (Miller, 2004). By

using ethical ideals that are generated by civic considerations and social norms, DTCs can function as a powerful apparatus for the regulation of social morality in its clients.

Ideal Lifestyles and Problem-Solving Court

By giving attention to non-criminogenic variables associated with drug abuse, DTCs provide a vivid depiction of moral regulation through surveillance and discipline. Based on this method of analysis, the therapeutic aims of DTCs reach beyond drug crime to bind the client to a tacit moral code that dictates the course of proper lifestyle (Fischer, 2003). DTCs reflect and incorporate community values and social norms to modify the behavior of its clients. Through DTCs, the client is exposed to an alternative set of social influences with the intention of countering the values "normally supported by addicts and their peers" (Miller, 2004: 1485). This is done by promoting an ideal model of ethical citizenship. Through ethical ideals and the social norms and values that animate them, DTCs provide a moral framework for the rehabilitation of its clients. Although drug abuse is an important concern in this form of rehabilitation, it is certainly not the sole concern. In the following chapter, I will explore DTCs through the lens of Aristotelian virtue ethics.

Chapter II: Drug Treatment Courts and Moral Virtue

Earlier, I stated that Drug Treatment Courts function as a learning environment for virtue ethics, with the long-term goal of fostering a certain type of citizen. To better understand moral virtue, I turn the discussion to Aristotle. Aristotle defines "virtue" as a learned set of dispositions involving choice. Here, particular importance is given to temperance in the area of bodily pleasure, and experiencing "joy and grief at the right things" (1105b26-1106a20: 99). Aristotle emphasizes the importance of proper instruction in the accumulation of moral virtue, since moral virtue is not innate. The most ideal realizations of law implore us to behave according to moral virtue, and incline us towards virtuous modes of being. If moral virtue were innate, legislation would be unnecessary.

In the first book of the *Nicomachean Ethics*, Aristotle claims that "The chief concern of this [political] science is to endue the citizens with certain qualities, namely virtue, and the readiness to do fine deeds" (1099b21-1100a9: 81). These aspects of the self can be modified only through education. To achieve moral virtue, one's capacity for judgment and proper choice-making must be enhanced by the development of "motivation towards the good, as well as the capacity to translate that motivation into action" (Webb, 1998: 145). By reinforcing social norms, DTCs function in just this sense. In helping clients make the transition to ethical citizenship, the mode of therapy used is fundamentally concerned with proper choice-making.

With respect to treatment, discourses concerned with the will or "disease" of the addict has largely eclipsed discussions of the social conditions that permit both crime and addiction to flourish, "leaving individual pathology to stand as the sole cause of crime"

(Moore, 2007: 15). Aristotle's account of "the voluntary" is illustrative of the ways that DTCs are able to side-step the free will/disease dichotomy that has characterized varying approaches to understanding addiction. He defines voluntary action, that is, behavior for which individuals are open to praise or blame, as behavior which is neither forced nor done in ignorance. "What is forced", he says, "has an external origin, the sort of origin in which the agent or victim contributes nothing – e.g. if a wind or human being who controlled him were to carry him off" (Watson, 1999: 603-4; 1109b30-1110a16: 111).

Within DTCs, addicts are not "blown about by the wind" because both their problems and the course of treatment are the product of individual choice. At a minimum, the addict contributes something, if only the choice to use drugs or alcohol for the first time. In this neo-liberal context, the subject makes a decision to use psychoactive drugs, and is therefore responsible for the consequences (Moore, 2007). DTCs reinforce the Aristotelian position that the individual who fails to follow the dictates of reason by pursuing the path to instant gratification (the licentious person) is a culpable person (111816-b5: 137). Aristotle shows that bad moral states such as excessive drunkenness are also the product of poor habits:

> People get into this condition [bad moral states] through their own fault, by the slackness of their lives; i.e. they make themselves unjust or licentious by behaving dishonestly or spending their time in drinking and other forms of dissipation; for in every sphere of conduct people develop qualities corresponding to the activities that they pursue (1113b21-1114a8: 123)

For the addict, the will is weak because they have weakened it by holding it to too low a standard of justification, ultimately leading to atrophy from disuse (Valverde, 1998; Robinson, 1989).

Natural Slavery

Aristotle makes an important distinction between holding someone responsible for their acts, and holding someone responsible for having the kind of character that they do. Selfish or lazy people, according to Aristotle, begin these vices voluntarily, but once they are selfish or lazy, they cannot immediately stop this pattern of behavior, and their vices of character shape their actions (1114a8-27: 124). If we consider this in relation to addiction treatment, the distinction between responsibility for actions and responsibility for character opens up the possibility that addicts are both responsible for their addiction, yet powerless to change it. The addict may know the course of action that they want/ought to take, but may not have the capacity to realize it (Harold, 2000; Corrado, 1999). Alcoholism, for instance, is based on the perceived opposition between one's will to change their behavior, and their inner desire for another drink. A common perception of alcoholics is that they are "those whose willpower is too weak to say no to the next drink" (Valverde, 1998: 33). Within the Aristotelian framework, the drug addict and the alcoholic are viewed as "slaves by nature".

An entity is a "slave by nature" when they lack the means by which to live the life available to free human beings – a life characterized by "functionality" and "eudaimonia"(happiness and flourishing) . Such a life can only be achieved through the actions and relationships that proceed from "principled choices grounded in reason" (Robinson, 1989: 123). To overcome this form of slavery to ones inner urges, DTCs encourage personal development so that clients may establish goals, and act to achieve them (Clark, 2001). Through DTCs, the criminal addict is subjected to governing strategies and forms of expert knowledge that will remake the addict into a "client" with

the long term goal of a "healthy, non-criminal, and normalized" existence (Moore, 2007: 10). In this sense, DTCs function for the purpose of freeing addicts from their state of "natural slavery".

Moral Virtue and Ethical Citizenship

What is morally virtuous is a reflection of social norms. DTCs function to change the client's behaviour in relation to social norms by isolating the client from socially disadvantageous persons and situations. The DTC also establishes the judge as the authority on appropriate behavior (Miller, 2004). Through DTCs, the judge and treatment officials aim to displace the negative social influences that may be associated with the client's drug use and poor choice making. After the client is exposed to a new set of influences (in the form of courtroom and treatment officials), they begin to be instructed in the areas of motivation, moral reasoning, and prudent behavior.

Throughout his ethics, Aristotle emphasizes the importance of proper motivation for choice making and ethical self-formation. Virtue is not only represented in a virtuous act, it is represented in the character and motivation of the actor. The virtuous person chooses to do things because they have a good reason for doing them. For example: if we observe a person help another person because they are under the influence of post-hypnotic suggestion, we would not feel inclined to refer to the behavior of the person as "virtuous" because the motivation is not theirs (Robinson, 2005). Aristotle states: "Choice necessarily not only involves intellect and thought, but a certain moral state; for good conduct and its contrary necessarily involve thought and character" (1139a16-b2:

205). Motivation is the key to treatment success (Moore, 2007), since it is the basis for the DTC client's amenability to new modes of thought and behaviour.

One virtue essential to both success in Drug Treatment Court and social life is the virtue of prudence. Prudence is a virtue that is present in both the techniques of self-governance, and the care of others. As Aristotle states: "The right standard for the virtues is set by prudence" (1177b33-1178a21: 331). Aristotle's logic here is straightforward. If persons are capable of exercising prudence, they are capable of exercising many other ethical virtues, since they all incorporate prudence to some degree.

A distinctive element of the Aristotelian approach to ethics is the emphasis on practice. Ethics is something we do, so teaching virtue requires "influencing the heart as well as the mind" in order to inspire the person's will to be virtuous (Begley, 2006: 259). To teach prudent conduct and the practices of ethical self-care, DTCs are greatly concerned with the client's cultivation of right habits.

Moral Virtue and Habit Formation

DTCs convey the message that addiction can be successfully overcome though "moral and personal strength, discipline, and will power" (Fischer, 2003: 235). Fulfilling the requirements of DTCs and achieving ethical self-mastery is done through the incorporation of certain habits. This involves the replacement of anti-social habits with habits of utility. There are numerous examples of this: habits of punctuality and time management are reinforced through regular court/treatment/urine screen meetings; honesty is reinforced through discussions with the judge and treatment providers; and

prudence is exercised by the client's avoidance of drugs, alcohol, and "high-risk" situations as treatment requires (Moore, 2007; Courtroom Notes, 2007).

It is Aristotle's view that our bodily appetites are susceptible to habitation (Wallace, 1999), and it is through habitation that the client is able to overcome their addiction in the eyes of treatment providers. For instance, alcoholism treatments are rooted in the assumption that "weak wills can only be strengthened by their own action", just as muscles are built up through activity, and degenerate with disuse (Valverde, 1998: 33). Therapy in DTCs is characterized by what Rose refers to as "the cultivation of competencies". This refers to the process where ethical techniques such as social skills and coping strategies are internalized as habits in order to achieve a better life (Rose, 1999: 14). Habit formation lies at the core of DTCs since it is the basis for cultivating and practicing virtue.

Law as a guide to Life

For Aristotle there is a strong relationship between moral virtue and the rule of law. Aristotle states quite unequivocally that "Legislators make their citizens good by habituation; this is the intention of every legislator, and those who do not carry it out fail at their object. This is what makes the difference between a good constitution and a bad one" (1103b1-25: 92). If the aim of all legislation is to make persons good by educating them in the habits of right action, then "the aim of the *polis* is educational". Law is a type of civic education in virtue that inclines the individual to do what is good for oneself, as well as what is good for the whole (Robinson, 1999: 7). For Aristotle, the law is a guide to life.

Aristotle views the "just state" as the state that requires though the power and authority of law that we behave the way that the virtuous person would behave habitually. The law requires us to do what a rational (or in our case "reasonable") person *at their best* would be doing by choice (Robinson, 2005). Ideally, the law calls upon us to do the things that make us better persons. With respect to drug abuse and DTCs, those who have failed to properly exercise their freedom must be "re-socialized by the state", though methods of observation and intervention (Segal, 2006: 329). Through training in moral virtue, DTCs groom its clients for social functionality, friendship, and the ultimate aim of virtue ethics: a eudemonic form of life.

Functionality and the Social Animal

Aristotelians have long been partial to the idea that if one wants to understand the essential nature of a thing, one must understand what its function is; what purpose it serves. The famous example from the *Nicomachean Ethics* is the knife, which fulfills its purpose by being sharp and cutting well. For humans, a central characteristic of the Aristotelian "good life" is that "one fulfils their function or role well" (Webb, 1998: 143). Aristotle writes: "It should be said that all virtue, whatever it belongs to, renders that thing good and makes it function well...the virtue of the man will be the disposition through which he becomes a good man and through which he will do his job well." (1106a20-b9: 100). When we inquire into the function of citizenship, the matter becomes considerably more complex. As I have observed earlier, for citizenship functionality is best represented in social contribution, personal management, and work. Aristotle's function argument depends on characteristics and responsibilities that most people

share (Hughes, 2001). Furthermore, as a "social animal", the valorization of both self-mastery and dedicated labour is a common feature across political communities. DTCs have a clear concern with the functionality of its clients. Drug abuse is seen as impairment to this functionality – a roadblock to ethical citizenship.

"Recovery" in DTCs is the process in which the offender subscribes to a lifestyle of reduced use or nonuse. Achieving some status of recovery involves "managing one's life in terms of roles, responsibilities, contexts, and systems" (Taxman & Bouffard, 2002: 1667-8). This is evident in client responsibilities, which include punctual and enthusiastic participation in court and treatment meetings, court mandated community service hours, and encouragement by the court to further one's education or vocational training (Moore, 2007). Public health advocates and legal authorities have been fearful that drug users develop an "inward reality that is more meaningful to them rather than maintaining a concern with society in general" (Ontario Blue Cross, 1976: 44). DTCs concern with functionality can therefore be understood as a preparation for social contribution in the form of labour, which is itself guided by moral precepts.

Functionality & Labour: The Ethical Pact of Human Existence

To be a "good citizen" is to share in a certain work ethic (Conroy, 2000). Foucault's discussions of labour and the confinement of the mentally ill are illustrative of the relationship between functionality and labour. Foucault argues that confinement was driven by something apart from curing the sick, specifically, the imperative of labour. Foucault argues that, as we respond to sickness in our characteristically "benevolent" way, we "tacitly condemn idleness" (1988: 46). Foucault claims that a moral perception

animates our social expectation of others to work, and refers to the willingness to work as "the great ethical pact of human existence" (Foucault, 1988: 58, 60). As mentioned earlier, DTC clients who are most likely to complete the program possess social "stakeholder values". The two client characteristics that are the most strongly associated with treatment success are education and employment (Butzin et al., 2002). Rose shows that in relation to therapy, labour becomes an "ethical scenario" a problem space transformed by the application of therapeutic knowledges. "Where one works, how one works, satisfaction with work, and choice of work" are understood in terms relative to ethics (Rose, 1999: 12).

DTCs are often marketed to the public by emphasizing its role in creating "productive citizens". For example, a press release by Texas Governor Rick Perry stated: "We want to help all Texans be productive citizens that positively contribute to society...These drug courts hold offenders accountable and help break the cycle of crime and addiction. Through intensive treatment, it is our hope that these offenders will once again be productive members of society" (Office of the Governor, 2007). A moral view about labour sustains and legitimates the expansion of DTCs in North America. This idea is informed by the belief that drug use hinders individual productivity, and if left unchecked, has detrimental effects on society at large. For DTCs, it is imperative that its clients are restored to a state of citizen functionality that is mutually exclusive with drug use.

Friendship and Ethics

Throughout his ethical treatises, Aristotle continuously emphasizes the importance and necessity of friendship in living a eudaimonic (fulfilled) life. Aristotle's concept of friendship is particularly important for this research, since the precepts of friendship animate and shape both political order and therapeutic initiatives. Friendship is illustrative of Aristotle's entire theory of social relationships: "Friendship reveals an intimate and simplified form of the principal rounds of affiliation that operate at the level of citizenship and statesmanship as well" (Robinson, 1989: 116). For friendship to be present in the fullest possible sense, one must be capable of wanting what is best for the other, for the sake of the other (1156b2-23: 263). So to Aristotle, when law and therapy provides its citizens and clients with a sound framework for virtuous behavior, they act as a friend in just this sense.

Friendship is the basis for the city itself, since good lawmakers (whether they are aware of it or not) place a higher premium on friendship than on justice itself, since friendship lies at the "unity of purpose" that law seeks to promote (Robinson, 1999: 8). The type of fidelity that we have to persons we call friends is grounded in the same moral precepts and virtue that makes fidelity to the law possible in the first place; conversely, by acting immorally "we make ourselves unworthy of the highest form of friendship" (Jacquette, 2001: 377). To restore its clients to a civic form of life, many of the ethical precepts of friendship have been incorporated into therapy.

Friendship and Therapy

Aristotelian theory demonstrates that those who scorn the traditional virtues – such as justice, temperance, mercy, and fortitude – become underdeveloped and solitary. They do not earn respect and affection and their friendships are false, existing only on levels of utility or pleasure, and cease to exist as soon as the pleasure or utility has been exhausted (Robinson, 2005). Therapy has a unique relationship with friendship, since it is through the civic aspects of therapy that one prepares for involvement in the social realm. At its foundations, therapy is an education for friendship (Robinson, 1997: 681).

For DTCs, restoring clients to a certain capacity for friendship has often been cited as a major justification for expansion of the DTC program. For instance, a DTC press release for Arizona claims: "people who would otherwise be sent to prison become effective, contributing members of the community. By accepting responsibility for their behavior, participants can develop confidence and self-esteem, and re-establish healthy, positive relationships with their families" (www.supreme.state.az.us, 2007).

For proponents of DTC expansion, the "weakness of the will" that is often associated with addiction is incompatible with the type of friendship that sustains familial and social stability. Overcoming this weakness of will makes us worthy of friendship (Jacquette, 2001: 385). This is evident in the perceptions of the DTC clients themselves. As one Toronto DTC alumnus stated: "[without DTCs] I wouldn't be able to live by life – clean, happy, connected to my family…[to those struggling] fast-forward your mind to the consequences and the suffering" (Courtroom Notes, 2007).

Right forms of Friendship in the DTC

In addition to teaching its clients the virtues necessary for friendship, DTCs are also concerned with their clients cultivating friendships of right type. Friendship and mutual support among clients and treatment personnel is a major component of DTCs. During court, supportive bursts of applause commonly follow client success stories, and often follow stories of relapse that are brought before the court in an honest and persevering manner. In addition to support from other clients, there is often a certain bond of friendship between the judge and the client. The judge functions as both a "cheerleader and stern parent" by encouraging / rewarding compliance, and disciplining lapses in treatment motivation as they become apparent (Wexler, 2001; Chase & Hora, 2000: 12).

The DTC is also very concerned with the elimination of what the judge views to be malignant social influences on its clients. As such, clients are expected to sever themselves from old friendships and contacts that are associated with the "drug scene" (Moore, 2007; Fischer, 2003: 237). The client is expected to cultivate "healthy" relationships with family, old non-using friends, and other DTC clients through group therapy and mutual support.

When good friends work on themselves together, they enhance each others goodness and help each other do good things. The clients progress through treatment by their activities and through their influences on each other (Jacquette, 2001). Nolan's documentation of the following exchange between judge and client is illustrative of DTC's emphasis on the mutual support and positive influence that characterizes Aristotle's conception of friendship:

> Judge: Anybody in the program that you are helping out a little bit, do you think?
> Client: Trying to help everybody if I can.
> Judge: Trying to help everybody if you can. Well, hopefully you are helping them, because I think that it is interesting for them to hear what you feel about having given up this old style, and starting a new one. (2001: 9)

This type of companionship encourages self-knowledge and virtuous friendship. "It will be in virtuous friendships that selves come to their realization ethical selves" (Simpson, 2001: 319). DTCs demonstrate Aristotelian ethical influence in the form of both mutual support, and dedication to self-improvement.

Law as a Friend

Society relies on the law to provide a reasonable, prudent, balanced, and harmonious form of life (Robinson, 1997), but it is in the principles of friendship that law derives its legitimacy. Aristotle shows that where friendship is present, there is no need for formal justice or law because friendship incorporates these things (1155a24-b8: 259). Conversely, where there is official justice, friendship is still needed. DTCs serve as a particularly illustrative example of this. If friendship is the underlying bond by which citizens are united and the state is created, it is friendship that motivates social, political, and interpersonal development and excellence (Jacquette, 2001).

Despite obvious potential for abuses, the law can function paternalistically, wanting for its citizens what they might not be able to achieve without ethical guidance. As such, Aristotle sees in the law something of what we see in the good friend, since the good and just law (like the good and just friend) calls upon us to do the things that make us better (Robinson, 1999). Friendship is not merely a preparation for social life; it is what makes a social life worth having. In the following pages, I will turn the discussion

to Eudaimonia; a flouring form of life that is achieved though personal functionality, friendship, and dedication to ethical excellence.

Eudaimonia as the Telos of Treatment

Eudemonia is commonly translated from the ancient Greek as "happiness" or a form of "flourishing" that is found in achieving one's full potential (Hughes, 2001: 22). It is the ultimate "that for the sake of which"; the state of happiness or flourishing determined by the faculties of the person (Robinson, 1989: 90). Eudaimonia is a rich and complex concept. To merely equate eudaimonia with "happiness" would downplay the important distinctions between the satisfaction of "both right and wrong desires" (Ryff, 1995: 100). This concern with desire also makes it useful concept for theorizing on the nature of addiction treatment.

The highest good is found in the realization of one's true potential. This includes the potentialities of our shared humanity, as well as those unique potentials that distinguish the individual from the collective (Waterman, 1993). Eudaimonia is realized in the flourishing of human capabilities, guided by virtue ethics. It is the name given to "the total package" (Hughes, 2001: 32). As I have observed earlier, alcohol and drug addiction are viewed as a major impediment to social prosperity and individual autonomy. If DTCs are capable guiding its clients away from excessive drug use, a great step towards achieving Eudaimonia is realized. Human rationality begins to be reclaimed, the right desires can be satisfied, and self-control can guide conduct.

Here, a hypothetical libertarian objection might be raised: "If excessive drug use makes one happy, why is it not an acceptable mode of life?" The Aristotelian answer is

that liberty must be practiced in ways that are compatible with liberty. The answer to the question "why can I not spend the rest of my life on heroin?" is rejected on the basis that doing so would be incompatible with liberty itself, because one would be a slave to the substance, and would live as a "slave by nature" (Robinson, 2005). To live a fulfilled life, one must exercise rationality and autonomy to their greatest capabilities. A fulfilled life is not just a set of actions; "it is a set of actions performed by someone who does them because they correctly see the point of doing them" (Hughes, 2001: 26). The client is made aware that the treatment is not a "quick fix" or easy alternative to jail. They must show a willingness to take control of their lives, and dedicate themselves to self-transformation. In this regard, DTCs can be seen as a training environment for eudaimonia – a flourishing form of life.

The Necessity of Ethics for Eudaimonia

Since Greek antiquity, there have been systemic ethical doctrines and practices designed to shape conduct and guide persons in their choice making (Rose, 1999). For a person to attain Eudaimonia, their activity must be regulated by reason and conform to standards of excellence (Robinson, 1989: 95). Through the cognitive and behavioral therapies deployed in addiction treatment, the person learns the necessary techniques, and internalizes them as habits. In the DTC, these techniques include substance abstinence, the avoidance/management of risk, self-disclosure, self-care, and the maintenance of healthy social relationships. As Rose points out, therapy is concerned with the development of "competencies" (1999: 14). Among these competencies is the ability to distinguish between what is better for the self, and what is desirable for the self. The

"better" is established through ethical analysis; the "desirable" is often a quick route to pleasure (Robinson, 1989: 94). Ethical self-transformation requires proper instruction, and strength of will to postpone ones gratification.

Like therapy, ethics is concerned with behavior and decision making, things to avoid/strive for, the worth of competing social values, and assessments of wisdom and foolishness (Rose, 1999: 5). Proper ethical instruction is an essential component of therapeutic initiatives. It is only through proper ethical instruction that a eudaimonic form of life can be realized.

DTCs and Eudaimonia

Given the previous discussion, is it possible for DTCs teach its clients the tools necessary for a eudaimonic form of life? Aristotle believes that all human activity aims at a good life, and that happiness is the final end for which all actions are undertaken (1094a1-22: 63). Virtue is the means to this ultimate end. If Aristotle is correct in this, than striving for excellence is "the satisfaction of natural human potential" (Jacquette, 2001: 379).

For DTCs, the mission of working with clients is to induce positive behavioral change (Beaman, 2007). This can be conceptualized as having two levels. The first level promotes lawful behavior, attendance to school or work, family stability, and abstinence from drugs and alcohol. The second level moves beyond compliance to foster autonomous behavioral change accomplished through empowerment and personal "growth" (Clark, 2001: 39). Through such practices, DTCs socialize the client into a relationship with themselves that is characterized by certain responsibilities and personal

goals. Through lessons in moral virtue, functionality, and friendship, DTCs present its clients with the tools necessary for a eudaimonic form of life.

In the following two chapters, I will discuss the social role of therapy in an effort to demonstrate the ways in which DTCs function as an apparatus for ethical transformation, as well as powerful site of social governance.

Chapter III: Therapy as Civic Education

Since therapy is concerned with social beings, civic development represents a salient feature of any therapeutic initiative. Drug Treatment Court is particularly illuminating in this regard, since its form of treatment places great emphasis on clients building proper social skills. Therapy and "the therapeutic" are socially constituted, and greatly informed by the social and political climate. This is due to the fact that mental illnesses and disorders tend to be contextually defined, relative to social conceptions of "normality" and "abnormality" (Foucault, 1989; Robinson, 1997: 675). The focus of this section is to demonstrate the ways in which therapy represents a constellation of social imperatives which draw on the Aristotelian ethical virtues for the purpose of civic development.

Therapy is not solely concerned with the happiness or health of the individual. It is also chiefly informed by civic considerations, since therapy anticipates the client's effect on others (Robinson, 1997). The social and political implications of therapy have caused the therapeutic perspective to become fused to daily life, providing our culture "with a set of symbols, codes, and language that determine the boundaries of moral life" (Nolan, 1998: 2). Therapeutic rationalities have become welded to social ethics and morality. By way of expert knowledge and authority, therapeutic rationalities exert tremendous influence on perceptions of the ways that citizens should govern and cultivate themselves.

Therapy and Social Values

In the 1988 presidential campaign debates, candidate George H. W. Bush was asked how to solve "the drug problem". He answered: "By instilling values" (Schaler, 1998: 238). This subtle gesture underscored the idea that – despite decades of disease rhetoric promulgated by therapeutic experts, as well as Alcoholics Anonymous and Narcotics Anonymous groups – social and governmental attitudes toward drug use are chiefly informed by moral and ethical considerations, rather than medical and health considerations.

Therapy can be understood as existing chiefly for the purpose of "instilling values". Conceived this way, we can better appreciate the social implications of therapy. Unlike the formal law, which can only reflect dominant social values, therapy exists for the purposes of teaching or reinforcing social values on a subject-by-subject basis. Therapy is what Cruikshank calls a "technology of citizenship", which refers to the "discourses, programs, and various tactics" used to make individuals capable of self-government (Cruikshank, 1999: 1-2). These technologies constitute and regulate citizens, particularly the powerless, the apathetic, or those at risk. To governing authorities, drug addicts can be seen to represent all three of these (Cruikshank, 1999).

The ambition of therapeutic systems has been strongly ethical, locating psychotherapy within a "genealogy of political techniques of individuality" (Rose, 1997: 217). These technologies have become so well dispersed and embedded in culture that the therapeutic perspective is no longer confined to the office of the therapist. It is all-pervasive, present in a diverse range of social settings. Whether performed in the clinic, the courtroom, or the school, therapy instantiates "a theory about the forms of life worth

living, the type of identity that one should present, and the means by which one person may permissibly exert influence over others" (Robinson, 1997: 675).

Therapy must also be desirable for the prospective client. Despite the social pressures exerted on identified addicts to enter therapeutic programs, democratic governance cannot overtly force its interests on clients, but must ensure their willing participation (despite their internal motivations for doing so) (Cruikshank, 1999). Even where economic rationalities inform therapeutic intervention (e.g. drug addicts must become self-governing entities in order to spare state expense in care and treatment of their dependents) therapy must operate as "a kind of recruitment", coaxing individuals into self-governance (Cruikshank, 1999: 39). In many respects, therapy is "sold" to clients. This is observable in the initial stages of DTC enrollment, where judicial authorities and treatment officials emphasize the long-term gains of therapy, and client "freedom" from addictive behaviour and social exclusion. Therapy must be tied to objectively desirable aims to maintain legitimacy, and uses these desirable aims to draw people to programs of self-improvement. As this occurs, an increasing number of ethical dispositions are interpreted on the basis of healthiness or sickness, rather than their goodness or badness (Nolan, 1998).

Through incorporation into social and legal thought, therapy has become a powerful authority on ethical self-formation. As a technology of citizenship, it situates divergent social ethics within medical discourse, thereby justifying forms of governmental intervention designed to instruct persons in the ways of "healthy" social living.

Therapy, Civics, and Health

Considering the moral precepts that inform social attitudes toward drug use, we are now faced with the question of whether or not persons identified as "addicts" have full standing as citizens. If we return to T.H. Marshall's definition of citizenship, the criterion of "full membership in a community" becomes threatened for addicts. In addition to the social stigma that can alienate addicts from non-users, the formal identification of criminal addicts makes them susceptible to coerced treatment and forms of governmental intervention.

In relying on medial discourse, we have retreated from the theories of moral degeneracy that characterized addiction in the period leading up to the end of World War II (Moore, 2007; Valverde, 1998). For example, with respect to alcoholism, focus has shifted away from the "soul" of the addict to questions of "damage and harm" (Valverde, 1998: 106). Furthermore, the lingering common knowledge that addiction constitutes deficiencies in free will and volition has legitimated forms of control. Within the narrow framework of "citizen-as-legal-status" (Kymlicka & Norman, 1995), the addict does not have full access to citizenship since risk-based governance legitimates forms of intervention and oppression.

On the understanding of "citizenship-as-desirable-activity" the extent and quality of one's citizenship is a function of one's participation in the social realm (Kymlicka & Norman, 1995). Generally speaking, excessive drug or alcohol use is not considered "desirable activity", nor are the social conditions commonly associated with them.

Therapy is about restoring or strengthening one's standing as a citizen. Following the development of the "therapeutic state" (Nolan, 1998), Rose points out that citizenship

is better conceptualized through discourses of health, rather than discourses of law. The "restoration of the individual to communal values" is both the goal and method of therapy, and the "good citizen" is usually the "healthy" individual (Rose, 1997: 216). The therapeutic aim is civic in nature. It incorporates an understanding of the "person-as-citizen", whose self-worth and social standing is assessed though their contributions to the community (Robinson, 1997).

To reach ethical citizenship, clients must take responsibility for their recovery. DTCs provide the identified addict with a starting point for their formal transition to a self-governing agent. Through DTCs, they are given therapeutic "opportunities" to reach their rehabilitative goals. Here, the influences of neoliberal/post-welfarist governance are clearly visible (O'Malley, 1997; Rose, 2000; Garland, 2001; Fischer, 2003: 236).

Therapy is civics, since it reinforces the shared relationship between the citizen and the state. In this relationship, only a virtuous public can care for and improve the state. In turn, the state is expected to foster and uphold peaceful social life (Robinson, 1997). The good citizen is one who chooses things that are objectively good or healthy, and is happy in choosing them (Robinson, 1989). Civic considerations in therapy unify proper choice making with preparation for social participation.

The normative ideal "citizen" is not the passive recipient of instructions, rather, she/he is engaged in – and bears a certain responsibility for – the maintenance of political order and social accord (Rose, 1996). Consequently, technologies of citizenship do not nullify the autonomy and independence of citizens. Rather, as Cruikshank observes, these modes of governance work through the capacities of citizens. As such a technology, therapy is voluntary and coercive at the same time. Individual actions are

regulated, only after certain dispositions to act a certain way are instilled. Democratic citizens are both the "effects and instruments" of governance (Cruikshank, 1999: 5), and therapy is a means to restore the civic capacities of such subjects.

Technologies for government work by aligning political and social goals with the pleasures and desires of individuals (Rose, 1997). This fosters a citizenry capable of self-governance, who simultaneously acts in the interests of themselves and in cooperation with others (Cruikshank, 1999). As a technology of government and citizenship, therapy works to bring persons back to a civic form of life.

Schaler points out that drug "treatment" is a misnomer - "education" being a more appropriate term (1998: 247). Therapeutic education functions as a form of corrective discipline that combines voluntariness with coercion for efficiency. Forms of therapy are justified on the basis that they are both good for the individual and the social. If therapy is a form of education, it is a civic education animated by the values that sustain friendship (Robinson, 1997). Through the epistemological authority of psychiatry, the therapist functions as a source of social authority on how to best conduct oneself within social life. This is done through the alignment of personal interests with governmental interests, and by practicing the virtues and dispositions that enable citizens to trust and care for one another.

Therapy and Expert Authority

Expert psychiatric knowledge has often been a contentious reference point for judicial authorities, largely due to the fact that mental disorders tend to be contextually defined, as Foucault has shown (1989). Further complications arise when one sets out to

discover the source of psychiatry's epistemological authority in matters of governance, only to find out that it is notoriously self-referencing. For instance, as therapy prepares its clients to be reincorporated into civic culture, it accomplishes this partly though the therapist's membership in this culture. The therapist's own civic standing represents an important standard of competence (Robinson, 1997). The civic standing of the therapist is particularly important since therapy is wholly dependant on the dominant interpretations of cultural norms as they are reinforced through psychiatric discourse. This produces a range of social authorities whose expertise lies in the "conduct of conduct" or "management of subjectivity". Such authorities lay claim to social powers through their possession of psychological truths and techniques (Rose, 1991). Consequently, the medicalization of criminal addicts and other "abnormals" provides psychiatry with a strong claim to social protection and order (Foucault, 2003: 316).

The broader effects of law's increasing dependency on expert psychiatric knowledge can potentially undermine the legal system itself. In deferring questions of responsibility and blame to psychiatric experts, these authorities are granted the power to make de facto legal decisions (Williams & Arrigo, 2003). When this occurs, the judge condemns on the basis of a psychiatric opinion regarding an act that is "no longer the crime or offence exactly" (Foucault, 2003: 17). As Foucault shows, psychiatric knowledge allows the offence (e.g. impaired driving or drug possession) to be doubled by a series of attributes and correlated risk factors which are not the offence itself. Rather, they are presented as the "cause, origin, motivation, and starting point of the offence" (Foucault, 2003: 15). Psychiatric intervention causes the event to be interpreted as symptomatic of an underlying pathological abnormality (for example, alcohol-impaired

driving becomes an indicator of alcoholism and not of irresponsibility), thereby permitting forms of labeling, governmental oversight, and lengthy treatment programs that serve to normalize and neutralize the offender.

DTCs have taken up a function that Rose and Valverde refer to as "authorizations": programs of ethical reconstruction that are conferred by law and legitimated by expert knowledges, such as psychiatry or addiction counseling (1998: 550). As I outline in the previous chapter, DTCs reach beyond drug crime, and are informed by a moral code defining proper lifestyle (Fischer, 2003). In this unstated yet salient ethical code, the deployment of therapy in DTCs serves as a strong example of Aristotle's theory of law's function: making citizens good by training them in virtue (1103b1-25: 92).

Through the development of therapeutic knowledges, the question of "how to lead a life" has entered the domain of expertise. As Rose shows, binding psychology with other existing systems of authority has transformed them to the degree that they acquire an ethical component. This is reflected in attempts to improve the ability of individuals to govern themselves, understand their actions, and regulate conduct (1991). Court-mandated therapy functions either to "authorize" or deny a client's continued participation in the community.

Critics of psychiatry's expanding role in social governance have pointed out that there is a systemic problem in therapeutic diversion schemes. Specifically, criminal justice authorities are now able to abandon their appointed responsibilities (e.g. finding guilt) while concurrently accepting roles and responsibilities for which they are not qualified (e.g. therapeutic jurisprudence) (Neuman, 1982).

Through psychiatric expert knowledge, a general scheme of diagnostic and normative judgments regarding the criminal or "abnormals" has become tied to penal thought and jurisprudence (Foucault, 1979). In 1961, the British Medical Journal articulated the "aims of criminology", claiming that "the medical man and especially the psychiatrist has an important part to play in criminological research" (Sim, 1990: 81). Today, psychiatry occupies a considerable role in legal and social governance, to the degree that it animates our everyday perceptions of normality and abnormality.

Therapy as Moral and Ethical Regulation

Legally sanctioned therapy is strongly informed by culturally produced norms, rather than concrete etiological links between certain forms of conduct and social harm. The ethical aims of therapy are clearly present in DTC's emphasis on health, social contribution (previously articulated as "functionality"), and character development. In the previous chapter, I have demonstrated the ways which these foci are animated by Aristotelian virtue ethics, re-conceptualized for present neo-liberal aims. DTCs re-iterate that the healthy subject is a good citizen, and both the aim and method of therapy is the "restoration of the individual to communal values" (Rose, 1997: 216). On this account, the alliance between law and therapy constitutes a powerful authority for the regulation of morality.

Critics have pointed out that forms of therapeutic jurisprudence wrongly assume the legitimacy of the law, overlooking the ideology that characterizes legal thought, and promotes an ideal moral citizen (Arrigo, 2003). Lack of critical attention to therapeutic jurisprudence legitimates the criminal justice system as an "instrument of healing" and

may ultimately serve to hinder personal health and social harmony rather than help it (Arrigo, 2003). Further, therapeutic jurisprudence reinforces the idea that DTC clients are "sick" where there are only different ethical systems. Critics have also pointed out that if addicts need treatment, they should not be in court (Chiodo, 2002; Fischer, 2003). Particularly with respect to related issues of free will and rationality, DTCs and TJ open the door to a wider range of behaviors that are interpreted according to pathological rather than traditional legal categories (Nolan, 2002; Harrison & Scarpitti, 2002).

The function of psychotherapies is to restore the client's capacity to function as self-sufficient beings. Individuals unable to exercise proper choice-making must have this capacity restored through therapy (Rose, 1997). Advocates of therapeutic jurisprudence insist that interventions like DTCs "can at least potentially lead to change in line with their own (the client) and society's strongly held normative values" (Winick, 1997: 200). Advocates further argue that adjudication grounded in TJ will have benefits not only for offenders, but for society as a whole (Wexler, 2001). Here, the benefits refer to "techniques of the self", and accompanying normalization processes that sustain the dominant social ethic.

Techniques of the self are methods for developing relationships with oneself that are predicated on self-reflection, self-knowledge, and self-examination. These serve as the tools for self-transformation (Rose, 1991). For these techniques to be successful, treatment must be voluntary. If treatment programs were not voluntary, they could not truly claim to represent the interests of its clients (Cruikshank, 1999). This may provide some insight into why DTCs interpret lapses in treatment in terms of declining motivation (Moore, 2007). Motivation in treatment is essential because DTCs constitute

a type of "moral bargain". In meeting the obligation to try and get well, addicts receive some "absolution for past wrongs" (Rice, 1996: 123). Through the course of treatment, the DTC client must maintain perseverance as they engage with themselves and therapy.

Alongside considerations of motivation, the instability of the 'disease theory' of addiction lends further validity to claims regarding the ethical aims of treatment. Qualitative interviews with Canadian judges have shown that the majority of interviewees subscribed to the disease model. They maintained, however, that "illness" cannot be used as an excuse for unlawful conduct (Mattiolli, 2004). For example, the social and legal response to impaired driving is not mitigated by illness. There is tacit reasoning here, that addicts must find ways to control themselves when driving is an issue. Once behind the wheel, the 'illness excuse', and any social compassion for it, ends (Rice, 1996). The illness model is further destabilized when one considers that, as of 2004, no DTC judge in Canada had any special training in addiction (Mattiolli, 2004). The disease/illness model of addiction clearly has pragmatic applications. By relying on medical discourse, treatment programs can be viewed as less coercive.

It is also important to recall that clients may be removed from treatment for behaviour unrelated to their "disease". As I have observed in the previous chapter, the judge is able to eject DTC clients from treatment for behaviour that may include sexism, lack of participation, or a "bad attitude" (Beaman, 2007). The ethical imperatives present in DTCs illustrate Foucault's observation that "the role of psychiatric opinion is to legitimize the exercise of punitive power through scientific discourse to something that is not a breach of law" (2003: 18).

Through alliance with law, psychiatry has evolved into a major source of social governance by grounding ethical and civic thought in discourses related to health. This may be because ever-evolving psychiatric knowledges can readily adapt to shifting social norms with greater ease than the formal law. The fact that psychiatry develops faster, however, cannot be used to legitimize its influence on legal development.

Through ethical prescriptions, psychiatry has incorporated Aristotelian moral virtue into its expert realm, and has integrated with law "not to punish less, but to punish better" (Foucault, 1979: 24). By combining the scientific authority of psychiatry with philosophy's concern for ethics, the moral boundaries of self-presentation and social activity are determined, with the force of law to back them up.

Care of the Soul: Therapy as a Theory of the Good life

Drawing on its ancient Greek roots, psychotherapy can be understood as the care of souls (Rose, 1999). Foucault has been influential in the way that the 'care of souls' is conceived, arguing that the soul not only has ontological standing – it is the object of government (Foucault, 1979). Earlier I demonstrated that DTCs draw on Aristotelian virtue ethics which – when fully realized – prepare the ethical subject for a "eudaimonic" or fulfilled life, commensurate with the conventional social morality that law reflects. Therapy reflects a theory of the "good life", along with the habits, dispositions, and pursuits that accompany it (Robinson, 1997). If an improved life was not the goal of therapy, prospective clients would have little incentive to voluntarily commit themselves to such a program.

Therapy makes modes of governance relevant to individuals, illustrating Foucault's claim: "A stupid despot may constrain his slaves with iron chains but a true politician binds them even more strongly by the chain of their own ideas" (Foucault, 1979: 102-3). It is therefore vital that therapy aligns governmental interests with individual interests. On one occasion in the Toronto DTC, clients were asked what their goals after treatment were. Among the answers were: "Take care of my kids"; "Talk to youths about my experiences"; "Get a job and get married" (Courtroom Notes, 2007). Here we see that client goals for personal fulfillment after therapy have become greatly aligned with social and governmental interests such as care of dependents, and social contribution.

Shifting away from deviant behaviour may also constitute an estimable source of happiness, as the subject makes the transition from "sick" to "healthy". As Valverde shows, members of Alcoholics Anonymous often express thankfulness that they had been born alcoholics, because it is only though alcoholism that they were able to find AA and achieve sobriety. This implies that the "sobriety of recovering alcoholics is a higher spiritual state than the everyday consciousness of the moderate drinker" (1998: 15). Through therapy, clients are re-socialized into civic attributes that may have been forgotten or previously irrelevant to them. To make these attributes relevant, care of the soul requires "self-esteem" – an important technique used to bind clients to therapeutic initiatives.

Self-Esteem as Technology of Citizenship

Citizens must first be able to care about themselves before they can care for themselves. Issues of self-esteem are highly relevant to the civic applications of therapy, since clients must see their own social contribution as important and necessary. As Cruikshank shows, the social goal of self-esteem is a strong example of Foucaultian "technologies of the self". Working on one's self-esteem makes citizens governable by attaching them to a project of a particular identity, as well of their visions of a good society (Cruikshank, 1995; 1999). Personal fulfillment becomes obligatory, as the client makes the transformation to a "governable self" (Cruikshank, 1995).

Nurturing the development of self-esteem is an important feature of DTCs. The courtroom applause that commonly follows client storytelling is evidence of this. Not only are treatment officials concerned with raising the client's self-esteem, it is strengthened through the support of other clients. Judicial and treatment personnel also make concerted efforts to commend "good behaviour". This behaviour is more related to civic development, rather than drug abuse. In an Ottawa DTC session, the court gave a very positive response to a client who, upon finding a wallet in the courthouse cafeteria, immediately made efforts to return it to its owner. In gratitude, the owner (a non-DTC lawyer) attended the DTC session to make everyone aware of the client's honesty. The judge proudly responded: "*This* is the behaviour we want to see" (Courtroom Notes, 2007). The message from the Judge here was clear: the client had behaved in a virtuous way, and earned the praise of the court.

Self-esteem is a powerful technology of the self, generating the necessary precondition for self-governance and self-care. It is therefore a powerful technology of

citizenship. The ability of citizens to create themselves as ethical, politically able beings is dependent on the ability to link personal goals and desires with behaviour commensurate with social order and stability (Cruikshank, 1995). Absent self-esteem, therapeutic initiatives would be doomed from the outset.

Conclusion on Civics

Throughout this chapter, I have attempted to show the civic applications of therapy. Therapy is greatly concerned with the civic development of the client, since therapy (and this form of drug therapy, particularly) is fundamentally a preparation for social life. Expert psychiatric authority teaches clients how to live through behavioral and cognitive strategies that instantiate the ethical principles observable in both Drug Treatment Court, and Aristotelian virtue ethics. Here, the relationship between the expert and the client is dictated by a hierarchy of knowledge, held in place by psychological and philosophical "truths" that promise self-understanding and self-improvement (Rose, 1996). By emphasizing proper choice-making in therapy, the client becomes attached to a "project of identity" or a "lifestyle" that is premised on ethical development and personal choice (Rose, 1991). Therapy must also be able to deliver on its promise of a better life to the client. Therapists and other medical personnel would not be worthy of social trust of they served society at the expense of their patients (Neuman, 1982).

As Cruikshank points out, self-esteem is a vital component of this process. Without self-esteem, persons cannot be expected to actively participate in civic enterprise and self-rule. Self-esteem is also essential to democratic stability since democratic governance can only be realized though voluntarily applied technologies of the self,

rather than coercion or social control (Cruikshank, 1995). The civic aims of therapy are clearly present in psychological and therapeutic discourse, and are a vital component of DTC's function. The civic applications of therapeutic thought place virtue ethics and "technologies of the self" in a clear social context, and simultaneously grounds therapy in both expert authority for social governance, and practical knowledge for social re-integration.

Chapter IV: Therapy as Governance

The nineteenth century witnessed great intellectual and discursive shifts in the realm of medical knowledge. As Foucault argues, the 18th century was predominantly concerned with issues of "health". Conversely, 19th century medicine was more concerned with assessments of "normalcy" determined by a standard of "functioning, organic structure, and physiological knowledge" (1989: 35). Viewing mental health issues through the lens of normalcy persists to this day. Conceptions of the normal have become inextricably linked to society's dominant moral precepts which are reflected in, and reinforced by law. In this sense, therapy –and more generally– psy-epistemologies, constitutes a powerful means of social governance through the observation and regulation of abnormal individuals (Moore, 2007).

Foucault shows that the power to judge depends on continuously distributed effects of public power. As such, the workings of law is always intermixed with extra-legal processes and practices (Foucault, 1979: 80; Rose & Valverde, 1998: 546). The totality of these extra-legal processes, in combination with the formal law, becomes a "legal complex" that is largely focused on the "disciplinary, normalizing, and bio-political objectives" concerned with guiding individual and social conduct towards "desirable ends" (Rose & Valverde, 1998: 543). Classifying addiction as a pathological disorder provides the legal complex with increased legitimacy and authority in the control of deviant identities. Clinical assessments of abnormality permit increased governmental intervention into the lives of abnormal individuals, which is justified in the name of "therapy" or "closing the revolving door on crime".

Clinical labeling and treatment of mental illness is a powerful means of controlling socially undesirable behaviour (Moore, 2007; Foucault, 2003, 1989, & 1979; Szasz, 2000; Rose, 1999 & 1991; Peele, 1995). This criticism is an important one, and has great implications for psychiatry's role in relation to both the legal complex and personal ethics. Matters become more disconcerting when one considers that there is "no authoritative and generally accepted definition of disease of mind", and that "psychiatric diagnoses often lack reliability, as do predictions of dangerousness" (McCallum, 1997: 56).

Within the context of Drug Treatment Court, I argue that the objectives of the rehabilitation process are far broader than the simple elimination of substance use. All types of conduct that the clinician believes (stemming from their own, or society's prejudices) to be abnormal will also be addressed (Neuman, 1982). These extend to the various ethical considerations relevant to DTCs, including punctuality, politeness, labour, co-operation, and total submission to other therapeutic imperatives.

Throughout the development of the therapeutic state, the power of older social authorities (e.g. priests and lawmakers) has lessened, while medical and psychiatric authority has grown considerably (Nolan, 1998). As McCallum shows, increased reliance on quasi-scientific classificatory schemes, formalizes "categories of persons", which become constituted at the intersections of psychiatry and criminality (1997: 55). In this type of environment, the individual's potential for risk or dangerousness constitutes the most important aspect of selfhood (Moore, 2007).

As Foucault shows, disease exists only in this classificatory space, since that space constitutes its nature, although it "always appears rather out of phase in relation to

that space, because it is manifested in a real patient" (Foucault, 1989: 9). Consequently, the subject – rather than the totality of factors that constitute the deviant act or label – becomes the target of governance and intervention. In this section, I will demonstrate the ways in which therapy and psychiatric knowledge constitute a powerful means of governance for the identification, isolation, and discipline of individuals who have become "abnormals" by being identified as "addicts". I will briefly discuss the ethical implications of the utilitarian aims of therapy, therapy as punishment, and therapy as technology for the management of risk.

Addiction Control and Social Utility

Aristotle writes "while it is desirable to secure what is good in the case of the individual, to do so in the case of a people or a state is something finer and more sublime (1094a22-b12: 64). In this line of thought, governing and treating identified addicts is not done out of altruism. It is done for the sake of the state. In his analysis of penal development, Foucault argues that the right to punish has been shifted from the vengeance of the sovereign to the defense of society (1979). Here, utilitarian considerations informed by perceptions of society's "greatest happiness" are manipulated to justify treatment/punishment of de facto moral degenerates in the name of social defense, due to their "failure to achieve the self control of decent citizens" (Segal, 2006: 330-1). Satel, who has written on the justifiability of coerced treatment writes: "Addiction impairs participation in a free society. It interferes with the ability to ensure one's own welfare, respect the safety of others, and discharge responsibilities as a parent, spouse, worker, neighbor or citizen" (1999: 47). Toronto's CAMH takes a more

diplomatic approach, claiming that the Toronto DTC "offers some of the most difficult-to-reach members of our society an opportunity to turn their lives around" (2004).

Utilitarian concerns with social functionality and fiscal responsibility obscure the moral value-judgments that drive the need for treatment in the first place. Today, the "defense of society" is equally concerned with citizens carrying their own weight, as it is concerned with instances of moral degeneracy. As Rose shows, therapeutic thought takes problems grounded in social and political difficulties, and construes them as personal difficulties amenable to governmental/clinical intervention (1999). Utilitarian governance strategies that favour therapeutic intervention maintains the status quo by considering the needs of the majority ahead of the social minority – where persons identified as "addicts" often find themselves.

"Punishing Better": The Ethical Dimensions of Docility

In the realm of punishment, Aristotle claims that unlawful persons are readier to submit to punishment and coercion, rather than reason and argument (1179b29-1180a15: 337). DTCs, however, deploy both coercion and "reason" generated by therapeutic discourse. The rationale for establishing DTCs is strengthened by the belief that the traditional methods of dealing with drug offenders (e.g. punishment) are unsuccessful, resulting in the "revolving door" of drug crime (Longshore et al., 2001: 7; Fischer, 2003: 228, Moore, 2007: 83). Punishment must therefore be combined with training to achieve ethical development for changes in future behaviour.

Therapeutic jurisprudence has been used to explain the theoretical basis for DTCs, and also for guiding their ongoing development. Although a strict definition of TJ has

yet to be articulated, it is understood as using the law to "implement positive behavioral and psychological change in offenders *without subordinating the values of the justice system*" [emphasis mine] (Harrison & Scarpitti, 2002: 1448). One notion that receives little attention in TJ discourses is that coerced therapy is itself punitive; a systematic and on-going program of correction and submission. Given their potential for coercion, and reliance on "therapeutic remands" (Moore, 2007), DTCs are a prime example of governmental attempts to exert disciplinary control over its clients "not to punish less, but to punish better" (Foucault, 1979: 82).

The punitive applications of DTCs are evident before treatment begins. Generally, the client must plead guilty prior to their acceptance into the program, raising a tremendous due process concern (Moore, 2007). After all, any crime that is attributable to a "mental disease" should not warrant a claim of "guilt". If drug offenders are truly ill, why are they in the criminal justice system rather than treatment? (Fischer, 2003: 243). Pleading guilty for one's illness is also reminiscent of Aristotle's argument that we are responsible for the development of our bad moral states (1113b21-1114a8: 123). This provides a particularly vivid example of the criminal justice system's inability to reconcile conceptions of immorality with pathology.

DTCs also place great emphasis on labour and "hard work". The concern with labour reflects many of the considerations relevant to both Aristotelian functionality, as well as utilitarian values pertaining to social involvement and fiscal responsibility. After all, Foucault asks: "Why should society eliminate a life and a body that it could appropriate?" (1979: 109). For the duration of a client's involvement in DTCs, they are used or employed on several levels. I have already outlined the ways in which DTCs

encourage vocational training, or increased education in its clients. They also subject clients to community service hours for lapses in treatment, such as missed urine screens, missed meetings, and other apparent lapses in "motivation" (Moore, 2007).

The punitive application of therapy is a powerful medium for the transmission of a work ethic. Foucault argues that this type of disciplinary punishment is essentially corrective (1979), and restores a capacity for labour that may have been previously lost or ignored. Recalling Aristotle, the purpose of achieving habitual moral virtue is teleological; always looking forward to a flourishing, or eudemonic state. The punitive applications of DTCs function in a similar way, where disciplinary power always looks forward to a final or optimum state: "It looks forward to the future, towards the moment when it will keep going by itself and only a virtual supervision will be required, *when discipline, consequently, will have become a habit*" [emphasis mine] (Foucault, 2006: 47).

DTCs constitute a punitive form of treatment that is centered on submission to authority, and an imperative of labour which reinforces the subjectivity of the client. Viewing DTCs and therapy through the lens of punishment shows that the "tough on crime" approach to drug control does not directly oppose therapeutic developments (Nolan, 1998). Rather, through therapeutic discourses and utilitarian justifications, DTCs conceal the uncomfortable reality that punishment remains the prevailing method of addiction control (Fischer, 2003).

Therapy and the Ethical Dimensions of Risk Management

Foucault observes that the criminal justice system justifies itself only by continual reference to something other than itself; an entity that is continually redefined by new knowledge (1979). Risk-based knowledge and discourses have come to occupy an estimable role in the management of law-offenders, promising a precise evaluation of dangerousness based on actuarial probabilities. Castel writes: "A risk does not arise from the presence of particular precise danger embodied in a concrete individual or group. It is the effect of a combination of abstract factors which render more or less probable the occurrence of undesirable modes of behaviour" (1991: 287). The risk-managing individual becomes part of DTC's substantive conception of the good citizen, because risk management necessarily implies the avoidance of social deviance and minimization of dangerous activities.

Risk-based discourses have simultaneously responsiblized individuals in the management of risk, and created new possibilities for preventative intervention into the lives of high-risk individuals (Petersen, 1997). It is these high-risk offenders that are targeted for therapeutic intervention to reduce possibilities for recidivism. These methods of treatment often involve cognitive behavioral intervention that aim to teach rather than treat (Hannah-Moffat, 2005). Risk-based governance lends the legitimacy of science and probability to law and psychiatry, and labels offenders as "high-risk" for behaviour that may only be a potentiality.

Risk variables are often rooted in moral perspectivism, and reflect the attitudes and interests of those who incorporate them into risk-based decision making. The concept of risk is so overbroad that the distinction between healthy and unhealthy

populations is destabilized, since anyone can be viewed as "risky" (Petersen, 1997). Risk analysis is a powerful source of moral regulation, since it moralizes a broad range behaviour (Hunt, 2003). Risk knowledges are also "fluid and flexible", and can be manipulated to sustain a "range of culturally contingent penal strategies" (Hannah-Moffat, 2005: 30). Through risk-based knowledge, the relationship between law and psychiatry permits the deviantizing of everyday infractions and common delinquency, leading to an ever-growing spectrum of psychological disorder (McCallum, 1997).

Risk discourses generate an array of problematizations over which social authority can be exercised. These problematizations derive their legitimacy from beliefs about facts, the perception of objectivity, and the authority of science (Rose, 1991). As Foucault shows, the value of psychiatric expertise is often its "demonstratic potential for criminality" (2003: 22). Psychiatry enables social authorities to side-step civil liberties by drawing on ambiguous claims about potential harm to society. The lack of certainty in risk-based decision making legitimates punitive responses to identified abnormals, and runs entirely counter to the criminal justice system's presumption of innocence.

The DTC client is directly responsiblized through risk discourse, since they are expected to avoid "high-risk situations", as prescribed by treatment. Since any social situation can conceivably become "high risk", the client must make a constant concerted effort to minimize risk in their day-to-day activity, regardless of whether these risks are brought about by themselves or others. This practice mirrors a broader social trend that requires regular individuals to be engaged in constant risk-assessments for situational crime prevention, despite "a lack of explicit discussion on how individuals are expected to make such decisions" (Haggerty, 2003: 196). The minimization of risk has become a

dominant ethical consideration in North American social life, especially in relation to health.

Our preoccupation with risk has greatly informed the ways in which we come to achieve ethical self governance, since risk is concerned with potential harm to the self, as well as others (Hunt, 2003). We share a social responsibility to manage and minimize risk, and the enforcement of these responsibilities is a significant feature of DTCs. Risk plays an important role in governing the identified addict at all stages of treatment within DTCs. Initially, it is used to identify the addict. Through the course of treatment, the client is socialized into risk management so that the client will internalize modes of risk-conscious thinking that will endure after they rejoin society as a normalized citizen.

Conclusion on Governance

Through this chapter and its predecessor, I have attempted to locate therapy within a broader social context to show how the dissemination of ethical techniques in therapy is relevant to both civic considerations, and social governance. Both sides of the "therapeutic coin" are present in DTC procedure.

In teaching civics, clients amenable to ethical reconstruction are prepared for re-entry into social life as a functioning citizen. Therapy also functions as a powerful means of social governance, since it has the potential to incapacitate "risky" persons, or individuals who prove to be ethically incorrigible in treatment. This establishes therapy as a potentially punitive response to "health" problems. However, in drawing on both utilitarian and risk discourses, many potential injustices against the individual may be seen as acceptable (or even necessary) if the overall health and safety of society is

promised. In the following chapter, I will show how the ethical normalization process is completed through the client's presentation of "the ethical self".

Chapter V: Presenting the Four Corners of the Ethical Self

In the preceding chapters I have outlined some of the ways in which citizenship in the "therapeutic state" is practiced in a form of social life characterized by proper (i.e. moral/"healthy") choice making and forms of social contribution (White & Hunt, 2000; Cruikshank, 1999 & 1995; Rose, 1997, 1996 & 1991; Kymlicka & Norman, 1995; Robinson, 1989). In chapter two, I have argued the form of therapy used in DTCs reflects Aristotelian ethical development. Viewing DTCs through the lens of Aristotelian ethics, I show that DTC clients are instructed and trained in therapeutically defined habits of right action so that they might rejoin society as self-governing, autonomous, and healthy citizens (Moore, 2007; Rose, 1999 & 1997, Robinson, 1997).

To demonstrate the breadth and influence of therapeutic rationalities on ethical norms in the therapeutic state, chapters three and four analyzed the social implications of both sides of the therapeutic coin: the first is the "civics" side, since therapy is concerned with teaching its clients the proper forms of social behaviour, and the attitudes, values, and dispositions necessary to fully integrate oneself into the community (Robinson, 1989, 1997; Nolan 1998). Here we see that expert knowledge on "how to live a life" (Rose, 1999) has been appropriated by psychiatric and therapeutic authorities.

The second side, represents "therapy as governance", where therapeutic rationalities are used for the identification and isolation of abnormal or risky individuals such drug users, coercing them into punitive treatment programs which culminate in either treatment success, or legally-sanctioned forms of incapacitation (Moore, 2007; Fischer, 2003). DTCs incorporate both of these sides in therapy as they train the client in the ethical dimensions of moral virtue, psychological and physiological conceptions of

health, and the philosophical precepts of self-care, while the threat of "therapeutic remands" or ejection from the program (and a return to regular criminal court) looms in the background of DTC procedure (Moore, 2007).

In this final chapter, I will discuss the necessary modes of self-presentation to achieve success in DTCs. Here, I argue that presentation of the ethical self involves submission to modes of subjectivity across four interrelated areas which together, encompass a wide range of duties, obligations, and social norms. As it has been pointed out earlier in this research, achieving recovery in DTCs involves self-management in relation to a series of contexts and social circumstances (Moore, 2007; Taxman & Bouffard, 2002). The four areas I will discuss here represent major areas of convergence between the normal and the ethical – social and intrapersonal scenarios where the therapeutic subject must present the ethical self to others and oneself.

Firstly, there is issue of truth and self-disclosure in therapy. This represents the relationship between the subject and authority. Here the client may show dedication to the ethical precepts of therapy by "telling the right story" and behaving according to the standards set by judicial and treatment authority (Nolan, 2001; Moore, 2007).

Secondly, there is the issue of personal "lifestyle" and the related concept of Aristotelian functionality. This represents the relation between the self and social contribution/utility. Here, dedication to therapeutically defined conceptions of health, as well the client's future plans for work or education are given tremendous therapeutic and ethical significance as clients work on themselves (Moore, 2007; Nolan, 2001 & 1998; Rose, 1999).

Thirdly, there is the area of social relationships in therapy. This includes the cultivation of "healthy" relationships relating to family and (returning to Aristotle's ethical treatises on friendship) friendships that sustain the development of virtue (Moore, 2007; Gottfredson et al. 2001; Jacquette, 2001; Simpson, 2001; Robinson, 1999, 1997 & 1989).

Finally, there is "Care of the Self" as an ethical mode of being. Incorporating elements of the previous three, the client must dedicate themselves to a long and on-going program of self-care, having internalized their addict identity (Moore, 2007; Valverde 1998). Although Aristotle does not articulate his ethics as "care of the self", his entire ethical program is dedicated to the modes of thought and action conducive to moral virtue, personal health, social accord, justice, friendship, and balance between personal excesses and deficiencies. Care of the self is therefore an essential condition for eudaimonia because self-care is not a final end, but a means to something else – a flourishing existence in a society of others.

This final chapter will consider Aristotle's ethics, alongside Foucault's analyses of normalcy and "care of the self" in the context of Drug Treatment Court, in an effort to demonstrate how ethical precepts of Greek antiquity have become welded to the normalizing applications of modern psychiatric and judicial authority in the therapeutic state.

The Submissive Self

"Telling the Right Story": Confession and Discipline

DTC clients must often govern themselves in relation to a confusing paradox: Client honesty and full self-disclosure is expected, yet treatment progress is dictated by therapeutically acceptable truths. These truths are assessed during moments of client confession. Acts of confession are particularly important to consider, since people are often taught that there is inherent therapeutic value in telling the truth, and confessing it to a more powerful authority (Dreyfus & Rabinow, 1983)

Acts of confession/"truth-telling" is a significant feature of both social governance, and any therapeutic enterprise. Throughout this research I have attempted to show how DTCs unite law and therapy for the promotion of an ideal form of subjectivity, motivated by ethical self governance. It is no coincidence that confession is situated at the core of both legal procedure and therapy. As Foucault observes: "The government of men demands not only acts of obedience and submission from those who are led, but also 'truth activities' which have a particular feature in that the subject is not only required to tell the truth, but must also tell the truth about himself." (1997: 81). It is the practice of truth-telling about oneself that makes one a "subject of government" (White & Hunt, 2001: 95). As such, confession serves several important purposes within DTCs.

Confession is a powerful social phenomenon since it is employed in areas of governance that extend across Christian practices of the self, legal procedure, and forms of therapy, among others. Foucault has observed that the modes of confession within the Catholic Church have provided a rough model for the type of technologies that operate in forms of therapy (Foucault, 1979). According to Foucault, confession is a practice of

subjectification (Rose, 1999). The truthful communication of who one is and what one does is both identifying and subjectifying. It is identifying in that the confessor constructs the self with respect to norms of identity, and subjectifying, since the confessor enters into a game of authority with the person who hears the confession (Rose, 1996). In DTCs, honesty is often articulated as *the* means to treatment success. A Toronto DTC judge states: "We sanction for dishonesty...Honesty is the foundation of DTCs" (Courtroom notes, 2007). Provided that the client is honest in their self-disclosure, relapse is considered less serious.

The imperative of truth in DTCs serves two major purposes. First, it provides the court with a means to assess client progress, and second, it reiterates the subjectivity of the client, forcing them to perpetually re-evaluate the ethical implications of their behaviour and recovery. Confession in DTCs may also have anti-therapeutic effects, as the client's confession is assessed in relation to predetermined truth games.

Truth Games

Within DTCs, the acceptable modes of confession are defined by tacit understandings of "telling the right story" (Nolan, 2001: 124). This is an example of what Foucault refers to as "Truth games/activities". "Truth" is regulated by a set of ritualized principles and procedures (Foucault, 1997). Truth games are technologies of the self that persons use to understand themselves. These establish the relationship between the subject and a specific truth, and are representative of "a major form of obedience" (Gros, 2005: 510). They are based upon patterns both produced by (and

imposed by) culture and context, and are used to establish oneself as a certain kind of individual (Foucault, 1997).

In addition to adopting a deviant label, the DTC client is expected to adopt a certain worldview, and "tell the right story" by expressing their experiences and perceptions in relation to therapeutically defined categories. Not telling the right story is also interpreted therapeutically. The client is seen as being in denial, not complying, or not devoted to treatment (Nolan, 2001).

The right story begins with admitting one's illness. The drug court demands a "therapeutically revised form of confession": "I am sick" instead of "I am guilty." DTCs place great emphasis on the "therapeutically correct view that one can recognize, come to terms with, and confess one's addiction" (Nolan, 2001: 142). DTC sessions are a series of ritualized confessions. After the customary exchange of pleasantries between judge and client, the first question usually posed is: "Any drugs, alcohol, or high risk situations?" (Courtroom notes, 2007). It is important to note that the judge and treatment staff usually knows the answer beforehand, given the client's attendance at individual and group therapy sessions, as well as subjection to random urine screens. Confession is used as an avenue for the client to reflect on their experiences and personal transformation.

In addition to the one-on-one confession between the individual client and the judge, the Toronto DTC employs a unique method of group confession. A stack of photocopies is circulated through the court and clients are selected at random to respond to "The Toronto DTC activity":

> Each DTC day we will ask you to complete an activity that requires you to pay close attention to what is happening in court and treatment. You may also be asked to interact with your peers. As the end of each DTC we will pick a random urine screen color. Don't worry it wont be the same colours as the night before.

> If your color is picked you will have to present your answer before the court. We know what you're thinking...and it doesn't have to be formal but it should be thought out carefully.

The questions are based on subjects such as the value of the DTC program itself (e.g. "What aspect of DTC helped you the most?), and questions about future goal-directed behaviour ("Tell us about three major things that you would like to do with your life once you graduate and become drug free")(Courtroom notes, 2007). Questions such as these have the apparent intention of binding the client to a project of identity by inducing them to express the right forms of truth. Through these forms of confession, the Christian methods of verbal self-disclosure and self-renunciation are employed in a therapeutic context to compose a new self (Samuelsen & Steffen, 2004). Clients who do not learn to play the "games of truth", however, may incur court-mandated penalties for their ethical incorrigibility, mirroring Aristotle's position:

> Most people are readier to submit to compulsion and punishment than to argument and fine ideals. This is why some people think that although legislators ought to encourage people to goodness and appeal to their finer feelings, in the hope that those who have had decent training in their habits will respond, they ought also to inflict chastisement and penalties on any who disobey though deficiency of character, and to deport the incorrigible altogether (1179b29-1180a15: 337)

These games of truth have patently counterintuitive and anti-therapeutic effects, most notably that the impetus for personal betterment or "health" reform has an external origin, sustained by the threat of sanctions. This underscores the pragmatic and often punitive applications of DTC's brand of therapy.

Confession and Penance

Given the cultural meaning of phrases such as "get something off my chest" there seems to be inherent therapeutic value in confession. As Rose points out:

> One identifies oneself with the 'I' of which one speaks, one identifies oneself with and through the language which one brings forth in this confessional situation. Through the obligation to produce words that are in some way true to an inner reality, through the self examination that precedes and accompanies the speech, one is made a subject for oneself (1999: 10-11).

DTCs seem to have acknowledged this, and use it for both treatment and discipline.

As Foucault shows, the methods of confession used in therapeutic contexts such as DTCs share a great deal in common with Christian confession. In these scenarios, persons confess their sins to a higher authority, and are informed of what they must do to continue on their path towards salvation. Foucault draws another parallel here between therapy and religious moral development in his discussion of penance. In satisfaction, the confessor must acknowledge the two aspects of the penance: "The penalty, and the medicinal or corrective aspect that allows the penitent's future to be protected from relapse... the penitent must not only accept the penalty, but must also recognize its usefulness and indeed its necessity" (Foucault, 2003: 182). DTC Clients who do not acknowledge the therapeutic value of their sanctions and obligations may have this behaviour attributed to a broadly constructed notion of declining motivation (Moore, 2007). Here, the possibility of reaching the status of "the normal", "the healthy", and "the citizen" is a function of the client's willingness to subject themselves to the ethical and governmental authority of treatment providers.

Confession reinforces the deviant identity by forcing the DTC client into predetermined truth games, it underscores the power relation between the confessor and

the person who hears the confession, and it increases visibility into the life of the client. The act of disclosing oneself may have profound therapeutic benefits. In the context of DTCs, however, these benefits are displaced by the normalizing and disciplinary gaze of a courtroom waiting to hear its clients "tell the right story".

Truth and Authority

Through the example of confession and "telling the right story" we see that the truth activities present in DTCs re-iterate the client's subjectivity, and their relationship to judicial and treatment authorities. There is an expectation that clients interpret and disclose themselves according to therapeutic precepts. Nolan's analysis of "telling the right story" (2001) indicates that the client's true feelings about themselves are irrelevant, so long as their mode of ethical self-presentation is in line with the expectations of the DTC. There is a narrow scope of acceptable truths that the client must draw on to ensure treatment success.

In his analysis of ethical self formation in Hellenistic antiquity, Foucault shows that truth telling becomes the subject's mode of being, and is dependent on sacrifice and self-renunciation (Foucault, 2005). Furthermore, "knowing oneself" and "taking care of oneself" involves careful introspection to the degree that one's self must never be out of one's sight (Foucault, 2005: 217). The DTC client must interpret and present the self in relation to therapeutically-defined truths. In renouncing the old self and showing dedication to the new ethical self via therapeutically determined truth games, the client is groomed for a new form of subjectivity characterized by full self-disclosure and subservience to social authority.

The Functional Self

Condemning Idleness

In Chapter two, I discussed the roles of labour and social contribution as indicators of active citizenship, and how these forms of activity represent Aristotelian functionality. The importance of labour and social contribution is underscored by Foucault, who argues that historical practices of confining the mentally ill are rooted in the condemnation of idleness (1988). DTCs continue this condemnation of idleness, regardless of whether or not addiction is a psychological or physiological illness.

To present the "functional" component of the ethical self, the DTC client must show that they are capable of autonomous functioning in society. This is done by showing dedication to personal health and a healthy lifestyle, and by demonstrating their role as a social contributor, either in the form of labour, continued education, or as a suitable caregiver for dependents.

A Healthy Lifestyle and Labour

Dedicating oneself to a healthy lifestyle begins with the client's rejection of drugs and alcohol, and the pleasures that they offer. Aristotle has strong reservations about excessive enjoyment of bodily pleasure, comparing "intemperate" persons to children for their lack of reason and self-control:

> Children too live as their desires impel them, and it is in them that the appetite for desires is the strongest; so unless this is rendered docile and submissive to authority it will pass all bounds. For an irrational being, the appetite for what gives it pleasure is insatiable and indiscriminate, and the excursive of the desire increases its innate tendency; and if these appetites are strong and violent, they actually drive out reason (1119b4-18: 141)

Aristotle's comparison of the intemperate person (citing "the drunkard" as such a person) with self-interested children is illustrative. Here, the pursuit of bodily pleasure trumps all responsibilities, and social contribution becomes a distant consideration relative to the fulfillment of personal desire.

In promoting healthy lifestyle changes, DTCs offer freedom from substance use, and the distracting pleasure it generates. In the psychologized version of "freedom" that therapy offers, persons are taught to "work on themselves", "improve their lifestyle", and "maximize their quality of life" (Rose, 1991: 16). In a therapeutic context, clients evaluate their "health" in terms of the "norms of intellect and personality" generated by psychology (Rose, 1999: 16). Here, conceptions of health unify issues of self-interest with issues of social interest, and "health" becomes a primary a civic consideration in therapy (Simpson, 2001: 312). Recalling Rose, the "good citizen" is the "healthy individual" (1997: 216).

Labour and the ability/willingness to work has been a feature of normalcy in Western societies. Everyone is expected to contribute socially through some form of work (Simon, 1993). Szasz argues that our preoccupation with labour informs much of our response to drug use, since addiction threatens the ability of people to work. Substance addicts, who would otherwise be capable of labour and supporting themselves, "refuse" and "drop out" (Szasz, 1972: 2). DTCs seek to counter this impairment to functionality by attempting to guide clients towards education and employment. As one DTC judge put it:

> We're trying to avoid putting someone in jail whose basic crime is a sickness. On the opening day of drug court, we say, "You're going to get a GED," and "You're going to get a job." If they don't get a GED, or if they have a mental disability and can't work, I'm not going to put them in jail. But there comes a time where

> the person goes into what we used to call limbo in the Catholic faith. You know, we're not going to give them heaven. We're not going to give them hell. There's no more we can do for them. (National Drug Court Institute, 2001: 19)

Despite this judge's ambivalence about clients "in limbo", it is likely that a client's inability to work will be met with a return to regular criminal court if the requirements of the DTC cannot be fulfilled. Work is a major focus of DTC treatment, as both a long-term goal for client development, and also as a means for "therapeutic remands" which often takes the form of community service hours (Moore, 2007). DTC therapy emphasizes the formation of a work ethic in its clients that is practiced in accordance with healthy modes of living. Drug use is socially unethical, because of its potential to drive persons away from social contribution.

"Positive Behavioral Change"

The methods of inducing "positive behaviour change" (Clark, 2001: 39) are focused on the promotion of lawful behaviour, consistent and punctual attendance to court, school, or work, and the cessation of substance use. In treatment, these developments are attributed to "personal growth" (Clark, 2001: 39). If the ideal goal of DTCs is accomplished, the former drug offenders return to community life as "self-sufficient and productive citizens" (www.cookcountycourt.org, 1999). In teaching forms of subjectivity and the parameters of ethical citizenship, legal moralism is visible in the success criteria of DTCs. The client must show and celebrate their normalization as they practice abstinence, search for secure housing, and strive for educational and employment success (Kirkby, 2004).

For Aristotle, functioning with one's full potential is a product of the habitual temperament taught from the earliest years of learning (Burkitt, 2002). For treatment

providers, clients have been socialized into habits and dispositions deemed unfit for conventional social life. Demonstrating the ability to "function" in the areas of healthy living and social contribution is an essential component of presenting the ethical self in DTCs.

Functionality teaches the client that they have a social role to play, and that withdrawal into bodily pleasure and idleness is incompatible with social life. In drawing together practices of the self with medical science, Foucault shows that a major function in the practice of the self is to "correct, restore, and reestablish a condition that may never have actually existed" (Foucault, 2005: 97). Ideally, this will facilitate the client's social contribution. In focusing on health and social contribution, DTC reinforce Aristotle's view: "It is wrong for any citizen to think that he belongs to himself. All must be considered as belonging to the polis: for each man is a part of the polis, and the treatment of the part is necessarily determined by the treatment of the whole" (*The Politics*: VIII. i). To present the "functional" side of the ethical self, the client must show judicial and treatment personnel their newly discovered "lifestyle", marked by dedication to health and social contribution.

The Social Self

Proper Social Ties

If DTCs are to deliver on the promise of a better life for its clients, the social component of the ethical self must undergo changes as required by treatment. This social self is distinct from the "functional self" in several ways. While the functional self is better articulated through descriptors such as "healthy", "active member of the

workforce" or "taxpaying citizen"; the social self is understood by the relationships they have to other individuals. When we are discussing a social being in that Aristotelian sense, we use descriptors such as "friend", "mother", "partner" and so on (Robinson, 1997). For Aristotle, a good life cannot be realized without the necessary social supports:

> It is a generally accepted view that the perfect good (eudaimonia) is self sufficient. By self-sufficient we mean not what is sufficient for oneself alone living a solitary life, but something that includes parents, wife and children, friends and fellow citizens in general; for man is by nature a social being (1097b2-21).

Likewise, DTCs are concerned with clients cultivating social relationships of the right type. Given the fact that proper social ties are a major supporting factor in treatment success (Beaman, 2007; Moore, 2007; Clark, 2001), the DTC client must demonstrate participation in "healthy" social networks when presenting the ethical self.

Influencing the DTC client's social life has powerful implications for ethical normalization. Earlier in this thesis, the importance of "stakeholder values" in treatment was discussed. Marriage and "healthy" friendships are included among these values (Harrison & Scarpitti, 2002). DTCs compel the client to cultivate healthy relationships by isolating them from unhealthy relationships, as treatment requires. Coercing the development of proper social ties been articulated as one of the necessities of drug treatment: "What we've seen is that without some kind of coercion, either a court mandate or some type of informal social control such as the threat of losing a marriage or a job, people don't stay very long in treatment" (National Drug Court Institute, 2001: 14).

Isolation from malignant social influences embodies Foucaultian conceptions of both discipline and self-care. In penal discipline, the criminal is isolated form the external world, and everything that motivated the offence (Foucault, 1979: 236). In

technologies of the self, one must avoid the "bad habits and false opinions" from bad teachers and associates in a process of "unlearning" (Foucault, 2005: 495).

DTC reflect and use social norms to modify the behaviour of clients by introducing an alternative set of social influences to instill norms (Miller, 2004). The recovering addict is expected to relate to new groups of people and evaluate the conduct of their former associates in relation to the values and norms of the new group they find themselves in (Schur, 1971). In self-presentation, the client must show that they have severed themselves from old drug-using friends. In denouncing old friends and contacts, the client becomes amenable to social ties (familial, religious, therapeutic, or otherwise) that emphasize subjectification and ethical self-governance.

"Pro-Social" Development

In the Ottawa DTC, a judge claims that progress is assessed in relation to the abstract notion of "pro-social development" (Beaman, 2007). Recalling the grounds for ejection from the Ottawa DTC program (which include racism, sexism, homophobia, and rudeness) (Beaman, 2007), progress is measured by a range of indicators that have little to do with actual substance use. Within addiction discourses, the addict label is used to problematize a range of social and psychological deficiencies. This means of deviant classification is used as both a starting point, and a touchstone to address a range of ethical considerations that are associated with client recovery and "pro-social development".

Pro-social development is an umbrella term used to capture the qualities that we might expect in the good citizen, or the potential friend. As a social extension of care of

the self, developing the virtues which precede friendship allows the person to "discover himself as a member of a human community" (Gros, 2005: 538). Hellenistic conceptions of self-care and the related issue of friendship have been strongly influenced by Aristotle's ethical treatises on friendship, and these values have been incorporated into DTC treatment. Whether it is formally acknowledged or not, DTCs reflect the Aristotelian view that the bonds of friendship are the same bonds that allow the *polis* to exist in the first place, since such relationships are rooted in a "shared acknowledgement and pursuit of a common good" (MacIntyre, 1984: 155). For DTCs "pro-social development" in its various forms is used to make projections on the DTC client's ability to re-assimilate into the community following treatment.

Friendship Sustaining Virtue

The elimination of old (unhealthy) social influences, encouraging pro-social development, and emphasis on building healthy social relationships are important concerns for DTCs, because they have adopted the Aristotelian view that persons will incorporate and practice the virtues of the friends they associate with. Aristotle writes:

> The friendship of the good is good, and increases in goodness because of their association. They seem to become better men by exercising their friendship and improving each other; for the traits that they admire in each other get transferred to themselves (1172a6-15: 311).

This is why Aristotelian ethics views the development of friendship as more important than justice, because true friendship and social accord will naturally incorporate justice. Aristotle writes: "Friendliness is considered to be justice in the fullest sense" (1155a24: 259; MacIntyre, 1984).

The values and ethics of friendship have high importance in matters pertaining to law and justice, as well as any therapeutic enterprise (Robinson, 1997). Friendship also has great importance in Hellenistic conceptions of self-care as they have been articulated by Foucault (2005). Good friendships are also necessary to reach the Aristotelian conception of eudaimonia, which can only be achieved in a life shared with others. Education in virtues that sustain friendship, according to Aristotle, encourages "the ability and inclination of each citizen to not only participate in the best life himself, but also [to] assist his fellow citizens in doing so" (1157a21-25; Donald, 2005: 14). For Foucault, friendship is an important component of the ethics of self care, since "rather than isolating us from the world, it is what enables us to situate ourselves within it correctly" (Gros, 2005: 538). The DTC client must therefore be able to show the capacity and willingness for friendships and social relationships of "the good" as it is conceived by therapy, and is therefore a vital component in presenting the ethical self.

The Concerned Self

Struggle for Healing and Happiness

Where Aristotle described punishment as "a kind of remedial treatment" (1104-a33-b20: 95). Foucault observes that punishment is a "political technology of the body" and that "man, the soul, the normal, and the abnormal individual have come to duplicate crime as objects of penal intervention" (Foucault, 1979: 24). Through this statement, Foucault shows that punishment is more concerned with normalizing the person, rather than responding to a singular criminal act. Both Aristotle and Foucault acknowledge that punishment strategies are fundamentally concerned with normalizing the ethical

dispositions those who are punished, since these strategies are concerned with the soul of the offender. DTC clients must have a certain disposition towards punishment, particularly the recognition of its utility and necessity in achieving ethical self-mastery. Since addiction is held to be a life-long struggle, clients can only perpetually recover though changes in ethics and perception.

"Recovery" within addiction discourse does not refer to eliminating addiction and reaching the status of "normal". Rather, it means learning to live peacefully with one's dysfunction, guided by the rules and ethical precepts that treatment programs teach (Valverde, 1998: 126). In DTCs, attitudes toward punishment and treatment are assessed by examining the client's motivation (Moore, 2007). The DTC client must present the concerned self (concerned with oneself and one's recovery) (Moore, 2007), which incorporates Hellenistic principles of self-care for the long-term goal of a eudemonic life, guided by the dictates of therapeutic knowledge.

Care of the Self and the Eudaimonic Telos

Eudaimonia is a useful concept for theorizing on the aims of therapy, since it incorporates the ideas of "flourishing, blessedness, happiness, and prosperity" (MacIntyre, 1984: 184; Robinson, 1997). Foucault's explorations into care of the self yields many parallels with Aristotle on the subject of happiness, particularly the idea that happiness in its most perfected state is achieved through careful attention to one's desires, behaviour, and dispositions. As Foucault shows, the objective in caring for one's soul is happiness. To achieve this, self-care must be practiced at every moment of one's life (Foucault, 2005).

Foucault describes care of the self as both an organizational scheme, and a teleological aim that leads people to care for themselves and their souls: "It is this principle of the care of the self that establishes its necessity, presides over its development, and organizes its practice" (1986: 43). Evolving from a concept of self mastery, care of the self involves a process of shaping one's inner character (Foucault, 1986: 67). As Moore shows, DTCs frequently draw on the concept of care of the self as they direct its clients to work on themselves (Moore, 2007). Further, as noted by Moore, the amount of work in the screening stages of DTC is often exaggerated to test the client's dedication to a program of self-care (2007).

The notion of "struggle" is central to Foucault's cultivation of the self, since "the practice of the self is perceived as part of an ongoing battle. The individual must be given the weapons and courage that will enable him to fight all his life" (2005: 495). Given its regulative and repressive applications, care of the self uses a two-pronged scheme in the cultivation of the self. It is both "the constitutive principle of our actions" and also "a restrictive principle" (Gros, 2005: 538). In DTC therapy, this constitutive application binds clients to programs of health and autonomy, while the restrictive application demands temperance and strength when facing the temptation to use drugs.

Practical Wisdom and Pleasure

The type of knowledge disseminated in DTC therapy is therefore a practical knowledge known to Greek antiquity as "phronesis" (Hughes, 2001; Volpi, 1992). This is the practical knowledge that Foucault analyzes in his work on the hermeneutics of the self, which "[phronesis] is in itself a work that creates the sense of a fulfilled life"

(Burkitt, 2002: 222; Foucault, 2005). In the context of DTCs, instruction in moral virtue functions as a form of practical training which prepares the client to re-integrate themselves with society. Following Aristotle, DTCs are particularly concerned with the wrong forms of pleasure, and the personal characteristics necessary to avoid them. Aristotle states: "We must deny that the admittedly disreputable pleasures are pleasures at all, except to the deprived" (1176a10-29: 325). And further, that licentiousness and forms of excessive behaviour "would seem justly liable to reproach, because it attaches to us not as men but as animals. So to enjoy such sensations and attach the greatest pleasure to them is brutish" (1118a16-b5: 137). Aristotle is particularly concerned with excess in alcohol use and sexual pleasure. His use of imagery surrounding the animalistic pursuit of bodily pleasure is reminiscent of the archetypical impulsive dope-fiend; an image which has often served as a touchstone for fuelling anti-drug sentiment.

In his ethics, Aristotle claims that we can reach goodness by developing the abilities and dispositions that will allow us to face situations with the appropriate emotional response (Skolbakk, 2006). In dedicating oneself to ethical precepts of self care, the subject who cares for oneself becomes "a citizen of the world...care of the self is therefore a regulative principle of activity, of our relationship to the world and to others. It constitutes activity, giving it its worth and form, and even intensifies it" (Gros, 2005: 538).

Therapy for what?

In presenting the ethical self, we can return to the question posed by Robinson in his analysis of the social dimensions of therapy as he asks: "Therapy for *what*?" (1997).

Is there one aim that unifies all therapeutic attempts to overcome cognitive dysfunctions, mental abnormalities, and social ineptitudes? Ideally, this aim is form of individual flourishing; a eudaimonic life marked by self-care, civic considerations, and a shared form of social life. However, folk wisdom warns us that "the road to hell is paved with good intentions". We must therefore also acknowledge the dangerous potential for injustice generated by misguided conceptions of how we all must live, thereby universalizing ethical systems and conceptions of normalcy from the privileged perspective of lawgivers and medical experts.

In this chapter I have outlined what I identify as the four corners of ethical self presentation in Drug Treatment Court. This short list is not exhaustive of the multiple ways of presenting the ethical self, since it does not take into account differing social/ethical norms across varying localities and contexts. It is my contention, however, that these four corners are representative of the major contexts in which almost every citizen/subject must govern themselves in relation to: authority (law, public health, government), society at large (the obligation to contribute), close contacts (healthy friendships and dedication to familial obligations) and finally, the relationship that one has with oneself, which Foucault calls "ethics" (1997). This ethical relationship to the self incorporates elements of the other three. Drug Treatment Court is continually in the process of asking identified addicts who they are, and who they want to be, but therapeutically correct answers are few in number. For treatment to be successful, the client must be capable of recognizing and understanding the narrow doorway through which ethical selves and normal persons may be admitted.

Conclusion: Ethics, Normality and Health

Throughout this research, I have demonstrated the role of Drug Treatment Courts as a learning environment where ethical precepts, responsible choice-making, and conditions of normality and health are taught, monitored, and enforced by law under the direction of psy-epistemologies. As a starting point, I have drawn on social theorists such as Rose to demonstrate that modern citizenship is best understood through proper choice making and dedication to personal health (1997). Observing parallels between modern forms of therapy and the ethical philosophy of Greek antiquity, I turned the discussion to an analysis of Aristotle's ethical and political treatises. On examination of Aristotle's writings, it is apparent that many of the virtues revered in Greek antiquity continue to guide much of contemporary social life and legal thought. These include ethical considerations relevant to personal health, social contribution, social relationships, and subjectification to forms of social authority.

Aristotle states that virtue is a "disposition involving choice" (1111b5-31: 116). The ability to choose requires not only awareness of choices, but also the ability to choose for the right reasons. This implies a certain moral upbringing, and also receptiveness to moral precepts. Drawing on Hobbsian philosophy, Rose reminds us that we are "not fitted for society by nature, but by discipline" (1997: 222). DTCs occupy a complex role for this very purpose, teaching self-discipline and the precepts of proper choice making, which will prepare the subject for "healthy" social life. Rose states that:

> The rationale of psychotherapies...is to restore in individuals the capacity to function as autonomous beings in the contractual society of the self. Selves unable to operate the imperative of choice are to be restored through therapy to the status of a choosing individual (1997: 228)

The valorization of self-control – particularly in relation to bodily and sensual pleasures – animates this concern with proper choice-making. Mastery of the self is what prevents us from being governed by our baser desires and instincts.

Given the cultural knowledge surrounding the 'criminal addict' (Moore, 2007), the archetypical character of the substance user is often associated with forms of anti-social behaviour. DTCs look for clients who seem amenable to change, with a particular focus on identified social deviants who have not yet crossed the threshold into violent excesses. In the Toronto DTC for example, target clientele includes "prostitutes, youth, and visible minorities" (Bentley, 2001: 7). Other eligible clients include persons who are non-violent, drug-dependent, or charged with possession/trafficking small amounts of hard drugs (Kirkby, 2004). Given the emphasis on "non-violent" persons, the entrance criteria for DTCs is clearly structured in a way that welcomes persons who are both socially vilified, but seem amenable to change through therapy.

In addition to choice-making, this research shows that the parameters of good citizenship become largely informed by therapeutically determined conceptions of "health" (Szasz, 2001; Nolan, 2001 & 1998; Rose, 1997). In the era of the "therapeutic state" (Nolan, 1998), health is easily articulated as a universal good, and many potential injustices can be justified in its pursuit. Szasz is a prominent outspoken critic of the ever-widening scope of "health problems", claiming that our passion for judgment and condemnation leads to ethical "indoctrination presented as health education", and "helping others with their 'health problems' has become our ideal of the responsible person and model citizen" (Szasz, 2001: 508). Further, "the fact that many such persons

are unwilling or unable to assume responsibility for their own behavior only enhances the model citizen's image" (Szasz, 2001: 508).

To briefly conclude this discussion of citizenship and its relation to choice making, I must reiterate the ambiguity of the term "citizenship". In his *Politics*, Aristotle points out that there is much dispute over what constitutes the citizen. It illustrative to consider that this problem persists today, and points to a question that informs a great deal of social inquiry: "Who is, and is not a full member of society, and why?" Even between conceptions of citizen-as-legal-status, and citizenship-as-desirable-activity (Kymlicka & Norman, 1994), a concrete definition of citizenship is lacking. With these considerations in mind, we may say that there is no "what" a citizen is, there is only "how" a citizen is. The citizen is the autonomous, rational, healthy, choice-making individual.

Ethics, Moral Virtue, Law, and Therapy

Foucault argues that the government of souls is the object of government (Foucault, 1997; Rose, 1997). Therefore, we must pay careful attention to any governmental attempt aimed at changing the modes of thought in law offenders via legal authority. The dominant method of treatment in DTCs is educational, and is illustrative of Aristotle's theory that law exists primarily to educate its citizens in the habits of good actions (1103b1-25: 92). For all of the influence that Aristotle's writings have had on the development of Western political, legal, social, and scientific thought, a modern examination of his ethical and political treatises can provide new insights in contemporary discourses concerned with therapy and the legal regulation of morality.

Aristotle's concern with the subject of friendship in books vii and viii of the *Nicomachean Ethics* is particularly important in understanding the vital and determinate role of good relationships in the development and maintenance of a good society. Aristotle uses the idea of friendship in a very broad sense (incorporating conventional friendship, family life, and general social affability), and it is instructive to see why. Friendship of "the good" incorporates all the moral virtues to some degree, most notably justice, which is a salient feature of friendship. Friendship in its varying forms is particularly important for DTCs. The clients are encouraged to develop "healthy" friendships, while treatment providers and – more generally – the law itself practices friendship by wanting what is best for its subjects for their own sake. The idea of friendship is a touchstone for Aristotle's entire analysis of social relationships (Robinson, 1989). Without the virtues that sustain friendship, peaceful social interaction and communal forms of life would be impossible (Simpson, 2001).

Returning Foucault's explorations into practices of self-care (2005, 1997, & 1986) friendship of the good sets important examples for the individual and society at large. Through the influences drawn from friendships of the good, persons become receptive to *sophia* (wisdom) and *phronesis* (practical knowledge), which gives the hermeneutically guided subject the tools necessary for care of the soul (Foucault, 2005). Ideally, this prepares the individual for practices of the self, ultimately a eudaimonic existence.

Treatment providers and legislative authorities in DTCs draw on an abstract ideal of friendship to make treatment both comprehensible and desirable for clients. At bottom, the virtues that sustain friendship are the basis for therapy, law, and the state itself. By examining the ethical works of Aristotle and Foucault alongside DTCs, we can

observe the relevance of Hellenistic thought for contemporary theorizing in the areas of law and therapeutic intervention. If law trains persons in the habits of virtue, than any extension of legal power through the medium of therapy must be for the purposes of civic education, which allows the subject to "fully realize their human potential in a society of others" (Robinson, 2005). If, however, therapy is used as a weapon against 'abnormal' persons, the entire therapeutic endeavor is perverted, and turns into an apparatus for discipline and domination.

Healthy Punishment and the Ethical Self

Given the two sides of the 'therapeutic coin' (civic development and social governance) we must question where DTCs lie in relation to these two extremes. Since every application of power can have good and bad effects, this is an important issue if DTCs are to continue their current expansion.

An important consideration is the universal value of "health" and "healthy" practices. In promoting health, DTC proponents often de-emphasize the institution's role as an apparatus for moral regulation. Critics have pointed out that DTCs resemble the function of the 19th century asylum, viewing addiction as moral weakness that may be overcome through a "vigorous regime of discipline and moral correction" (Fischer, 2003: 235-6). This line of thinking matches up with the "governance" extensions of therapy.

There is also danger in DTCs becoming focused on the promotion of "public health", a pragmatic science that could potentially displace focus on individual cognitive development and health for wide-ranging therapeutic efficiency (Martin, 2001). Szasz warns: "Once we begin to worship health as an all-pervasive good—a moral value that

trumps all others, especially liberty—it becomes sanctified as a kind of secular holiness" (2001: 505). As such, we must continually scrutinize all that is done in the name of health. Assessments regarding the dangers of drug use are wide-ranging and disparate (Moore, 2007). Health, on the other hand, is an idea accessible to everybody.

Emphasis on health grounds legal and therapeutic intervention in both humanitarian and utilitarian aims. This obscures the fact that coerced treatment is punitive in itself (Moore, 2007), since it exerts a form of political power that maintains social norms and aims to eliminate visible forms of abnormal behaviour. Foucault has been strongly critical of psychiatry's increasing role in matters of social governance, describing it as a method to "implement a political power to a particular social group" (Foucault v. Chomsky, 1971). Further, political power is increasingly being used by "other institutions which seem to have nothing in common with political power, which seem to be independent but which actually aren't" (Foucault v. Chomsky, 1971).

Psy-knowledges have become strongly liked to practices of law, governance, and punishment, through its promise to "combine efficacy and utility with humanity and fidelity" (Rose, 1996: 92). Widespread concern with matters of health, combined with a willingness to suppress the abnormal, have transformed psy-epistemologies into the moral authority of Western social life, regulating the actions of its citizens and "legitimizing relations between the rulers and the ruled" (Szasz, 2000: 15). Despite DTCs seemingly benevolent methods which keep certain drug offenders out of jail, and despite the program's clear focus on ethical reconstruction and the development of virtue, it remains a mode of punishment for persons with differing ethical systems and values.

Notwithstanding the use of disease rhetoric and therapeutic intervention, addiction control is sustained by a moral view about the inherent harms associated with drug use.

By presenting the "ethical self" clients of therapy are able to progress through treatment, ideally by reaching a level of self management that reflects the client's willingness and ability to autonomously function in society by making proper choices (Moore, 2007). As this is the case, DTC treatment shows that the criminality of the client is a subsidiary concern, secondary to the development of healthy, normal, ethical citizens. While the criminality of drug use permits coerced forms of treatment, "crime is not the object of intervention, and its elimination is the secondary goal" (Moore, 2007: 110). As demonstrated in preceding chapters, presenting the ethical self unifies important elements of Aristotelian virtue ethics, Foucault's observations on care of the self, dedication to the precepts of law, and perhaps most importantly, psychiatric conceptions of health.

DTCs are an example of how the combination of law and psychiatry functions as powerful catalyst for both punishment and personal "growth" in the lives of the abnormal persons they identify. It is important to note, however, that truly significant intrapersonal change cannot be driven by methods founded on punishment (Di Muzio, 2000). Coerced ethical systems are meaningless because they are not freely chosen, so DTCs function as a normalization apparatus despite its numerous parallels with instruction in virtue ethics.

Therapy and the Future of Health

Given the continually expanding presence of psychology in social life, and the ever-widening range of 'abnormal' or 'unhealthy' behaviour (McCallum, 1997), it is difficult to guess where the continued development of the therapeutic state will lead us.

Through the example of DTCs, we see the deployment of welfarist forms of intervention for the purpose of developing autonomous, self-regulating citizens, capable of neo-liberal self rule. The era of welfarism is not over, but evolving.

Drug Treatment Courts are a fascinating site where law, ethics, morality, medicine, psychology and politics intersect. The confluence of these forces, and the concepts and values attached to them, generate many important questions surrounding the relationship between legal governance and the psy-sciences. By considering the ethical writings of Aristotle and Foucault alongside DTCs, we see that there are many parallels between law and therapy, especially in relation to ethical development. Ideally, both exist to show us how to live our lives in the fullest possible sense, where life is shared peacefully with others, and with purpose; always striving towards the eudaimonic end. Conversely, both carry powerful potential for domination, oppression, and punishment – no matter how noble their stated intentions appear to be.

DTCs are one important example of the ways in which therapeutic discourses are being "increasingly deployed in every practice addressed to human problems" (Rose, 1997: 214). If Western societies are to continue to rely on forms of therapeutic intervention and psy-epistemologies as an effective remedy against perceived social ills, it may be necessary to re-think the role and scope of therapy, and perhaps, reconsider the guiding notion of "health" itself.

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